

|                                 |                                                   |                               |                              |
|---------------------------------|---------------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>UNON-125369724</i>                             | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Continental Western Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>#10030774 \$50</i>        |
| <i>Company Tracking Number:</i> | <i>08-CA-FM-3</i>                                 |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>                       | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>2008 CA Form Filings</i>                       |                               |                              |
| <i>Project Name/Number:</i>     | <i>01-08 CA Trucking Form Filings/</i>            |                               |                              |

## Filing at a Glance

Companies: Continental Western Insurance Company, Union Insurance Company, Acadia Insurance Company

Product Name: 2008 CA Form Filings

SERFF Tr Num: UNON-125369724 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #10030774 \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 08-CA-FM-3

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Frances Linker, Mark Jones

Disposition Date: 11/30/2007

Date Submitted: 11/29/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 01/01/2008

State Filing Description:

## General Information

Project Name: 01-08 CA Trucking Form Filings

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/30/2007

State Status Changed: 11/30/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsements for all policies effective January 1, 2008 for new and renewal business.

CL CA 20 15 05 07 Transportation Extension

CL CA 99 02 05 07 Monthly Reporting Basis Endorsement

SERFF Tracking Number: UNON-125369724 State: Arkansas  
First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10030774 \$50  
Company Tracking Number: 08-CA-FM-3  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: 2008 CA Form Filings  
Project Name/Number: 01-08 CA Trucking Form Filings/

CL CA 99 03 05 07 Monthly Report For Liability

CL CA 99 04 05 07 Monthly Report of Physical Damage

Transportation Extension (CL CA 20 15) will be a mandatory form that will be attached to all of our Transportation business. The form defines a new Symbol 73 for using the values of the "autos" on a reporting basis for Physical Damage coverage. In addition, the form clarifies that Towing coverage that is a direct result of a covered cause of "loss" is defined as the "towing cost" to the nearest repair facility capable of making the necessary repairs, unless we agree in advance to tow to another repair facility. Finally, it states that a new vehicle must be reported to the company by the 15th of the following month (revised from 30 days after purchase), in order to have coverage.

Monthly Reporting Basis Endorsement (CL CA 99 02) will be used to show the policy premium and act as a supplemental declarations page when the policy rating is based on monthly reporting.

Monthly Report For Liability (CL CA 99 03) will be used by the Insured to report their monthly exposure for liability and their prior months premium total, subject to audit.

Monthly Report of Physical Damage (CL CA 99 04) will be used by the insured to report their monthly exposure, addition/deletion of autos for Physical Damage and their prior months premium total, subject to audit.

A copy of our revised company rules is attached.

## Company and Contact

### Filing Contact Information

Frances Linker, Compliance Analyst flinker@usic.com  
P. O. Box 152180 (972) 719-2400 [Phone]  
Irving, TX 75015-2180 (972) 719-2301[FAX]

### Filing Company Information

|                                       |                         |                         |
|---------------------------------------|-------------------------|-------------------------|
| Continental Western Insurance Company | CoCode: 10804           | State of Domicile: Iowa |
| P. O. Box 152180                      | Group Code: 98          | Company Type: P & C     |
| Irving, TX 75015-2180                 | Group Name:             | State ID Number:        |
| (972) 719-2400 ext. [Phone]           | FEIN Number: 42-0594770 |                         |

SERFF Tracking Number: UNON-125369724 State: Arkansas  
First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10030774 \$50  
Company Tracking Number: 08-CA-FM-3  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: 2008 CA Form Filings  
Project Name/Number: 01-08 CA Trucking Form Filings/

-----  
Union Insurance Company CoCode: 25844 State of Domicile: Nebraska  
122 W. Carpenter Freeway Group Code: 98 Company Type: P&C  
Suite 350  
Irving, TX 75039 Group Name: State ID Number:  
(972) 719-2400 ext. [Phone] FEIN Number: 47-0547953

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Acadia Insurance Company CoCode: 31325 State of Domicile: Maine  
P. O. Box 152180 Group Code: 98 Company Type: P & C  
Irving, TX 75015-2180 Group Name: State ID Number:  
(972) 719-2400 ext. [Phone] FEIN Number: 01-0471706  
-----

|                          |                                            |                        |                       |
|--------------------------|--------------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number:   | UNON-125369724                             | State:                 | Arkansas              |
| First Filing Company:    | Continental Western Insurance Company, ... | State Tracking Number: | #10030774 \$50        |
| Company Tracking Number: | 08-CA-FM-3                                 |                        |                       |
| TOI:                     | 20.0 Commercial Auto                       | Sub-TOI:               | 20.0001 Business Auto |
| Product Name:            | 2008 CA Form Filings                       |                        |                       |
| Project Name/Number:     | 01-08 CA Trucking Form Filings/            |                        |                       |

## Filing Fees

|                  |                             |
|------------------|-----------------------------|
| Fee Required?    | Yes                         |
| Fee Amount:      | \$50.00                     |
| Retaliatory?     | No                          |
| Fee Explanation: | \$50.00 fee per form filing |
| Per Company:     | No                          |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 10030774     | \$50.00      | 11/27/2007 |

|                                 |                                                   |                               |                              |
|---------------------------------|---------------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>UNON-125369724</i>                             | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Continental Western Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>#10030774 \$50</i>        |
| <i>Company Tracking Number:</i> | <i>08-CA-FM-3</i>                                 |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>                       | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>2008 CA Form Filings</i>                       |                               |                              |
| <i>Project Name/Number:</i>     | <i>01-08 CA Trucking Form Filings/</i>            |                               |                              |

## Correspondence Summary

### Dispositions

| <b>Status</b> | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|---------------|-------------------|-------------------|-----------------------|
| Approved      | Llyweyia Rawlins  | 11/30/2007        | 11/30/2007            |

|                                 |                                                   |                               |                              |
|---------------------------------|---------------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>UNON-125369724</i>                             | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Continental Western Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>#10030774 \$50</i>        |
| <i>Company Tracking Number:</i> | <i>08-CA-FM-3</i>                                 |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>                       | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>2008 CA Form Filings</i>                       |                               |                              |
| <i>Project Name/Number:</i>     | <i>01-08 CA Trucking Form Filings/</i>            |                               |                              |

## Disposition

Disposition Date: 11/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers' compensation, employers' liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

|                                                                      |        |
|----------------------------------------------------------------------|--------|
| <b>Overall Percentage Rate Indicated For This Filing</b>             | 0.000% |
| <b>Overall Percentage Rate Impact For This Filing</b>                | 0.000% |
| <b>Effect of Rate Filing-Written Premium Change For This Program</b> | \$0    |
| <b>Effect of Rate Filing - Number of Policyholders Affected</b>      | 0      |

SERFF Tracking Number: UNON-125369724 State: Arkansas

First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10030774 \$50

Company Tracking Number: 08-CA-FM-3

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: 2008 CA Form Filings

Project Name/Number: 01-08 CA Trucking Form Filings/

| Item Type           | Item Name                                        | Item Status | Public Access |
|---------------------|--------------------------------------------------|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved    | Yes           |
| Form                | Transportation Extension                         | Approved    | Yes           |
| Form                | Monthly Reporting Basis Endorsement              | Approved    | Yes           |
| Form                | Monthly Report For Liability                     | Approved    | Yes           |
| Form                | Monthly Report of Physical Damage                | Approved    | Yes           |
| Rate                | Company Manual                                   | Approved    | Yes           |

SERFF Tracking Number: UNON-125369724 State: Arkansas

First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10030774 \$50

Company Tracking Number: 08-CA-FM-3

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: 2008 CA Form Filings

Project Name/Number: 01-08 CA Trucking Form Filings/

## Form Schedule

| Review Status | Form Name                           | Form #      | Edition Date | Form Type Action                 | Action Specific Data | Readability | Attachment            |
|---------------|-------------------------------------|-------------|--------------|----------------------------------|----------------------|-------------|-----------------------|
| Approved      | Transportation Extension            | CL CA 20 15 | 05 07        | Endorsement/Amendment/Conditions |                      | 0.00        | CL CA 20 15 05 07.pdf |
| Approved      | Monthly Reporting Basis Endorsement | CL CA 99 02 | 05 07        | Endorsement/Amendment/Conditions |                      | 0.00        | CL CA 99 02 05 07.pdf |
| Approved      | Monthly Report For Liability        | CL CA 99 03 | 05 07        | Endorsement/Amendment/Conditions |                      | 0.00        | CL CA 99 03 05 07.pdf |
| Approved      | Monthly Report of Physical Damage   | CL CA 99 04 | 05 07        | Endorsement/Amendment/Conditions |                      | 0.00        | CL CA 99 04 05 07.pdf |



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

## **TRANSPORTATION EXTENSION**

This endorsement modifies insurance provided under the following:

MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

**A. SECTION I – COVERED AUTOS** is amended by adding the following:

Item Two of the Declarations shows the “autos” that are covered “autos” for each of your coverages. The following numeric symbol may be used (in addition to the numerical symbols described in the Coverage Form) to describe the “autos” that may be covered “autos”. The entry of this symbol next to a coverage on the Declarations will designate the only “autos” that are covered “autos”.

| Symbol | Description of Covered Auto Designation Symbols                                                                                                                                                    |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 73     | Only those “autos” for which a value is reported for Physical Damage coverages in the schedule shown in the Declarations and/or monthly reporting forms as of the last day of the preceding month. |

**B. SECTION I – COVERED AUTOS, Part B. Owned Autos You Acquire After the Policy Begins, Part 2.** is replaced by the following:

2. But, if Symbol 67 or 73 is entered next to a coverage in Item Two of the Declarations, an “auto” you acquire will be a covered “auto” for that coverage only if:
  - a. We already cover all “autos” that you own for that coverage or it replaces an “auto” you previously owned that had that coverage: and
  - b. You tell us by the 15<sup>th</sup> of the month following acquisition that you want us to cover it for that coverage.

**C. Paragraph A.4. Coverage Extensions** contained in **Section IV – Physical Damage Coverage** is amended to add the following:

**Towing**

1. In addition to the Limit of Insurance, when a covered “auto” must be towed as a direct result of a covered cause of “loss”, we will pay the “towing cost” to the nearest repair facility capable of making the necessary repairs, unless we agree in advance to tow to another repair facility.
2. Paragraph **A.2. Towing – Private Passenger Type Autos** contained in **Section IV – Physical Damage Coverage** does not apply to this extension.
3. As used in this endorsement:  
 “Towing cost” does not include any loss, cost or expense arising out of:
  - (1) Extracting “pollutants” from land or water;
  - (2) Containing, treating, neutralizing, remediating, or disposing of “pollutants”; or
  - (3) Removing, restoring, or replacing polluted land or water

**D. SECTION V – MOTOR CARRIER CONDITIONS, Part A. Loss Conditions, 4.,** the following paragraph is added:

Only “autos” scheduled in the Declarations and/or monthly reporting forms as of the last day of the preceding month shall be considered covered “autos” at the time of “loss”. Newly acquired “autos” are covered until the 15<sup>th</sup> of the next month, at which time, values and coverage options must be selected. Replacement “autos” are covered at the same limits as the replaced “auto”, but may be increased or decreased by notifying us by the 15th of the following month.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **MONTHLY REPORTING BASIS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Effective Date: XXX XX, 20XX

Countersigned by \_\_\_\_\_  
(Authorized Representative)

It is hereby understood and agreed that the premium stated in the policy is an Estimated Annual Premium based upon the premium basis and estimated exposure(s) shown in the Basis of Premium and at the reporting rate(s) indicated below. No endorsements adding or deleting scheduled autos will be processed during the policy term. At the end of each policy term, we will **confirm** the monthly premiums **by audit** to determine your final premium due for the entire policy period. The deposit premium will be credited against the final premium due.

Premiums shown below are calculated monthly.

| <b>COVERAGES</b>     | <b>RATES</b> | <b>BASIS OF PREMIUM</b>                                                                                                       |
|----------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|
| Automobile Liability | XXX.XXX      | (xx) Per \$100 Gross Receipts<br>(xx) Per 100 Miles Gross Mileage<br>(xx) Per Power Unit                                      |
| Physical Damage      | XXX.XXX      | (xx) Per \$100 Gross Receipts<br>(xx) Per 100 Miles Gross Mileage<br>(xx) Per Power Unit<br>(xx) Per \$100 Value of Equipment |

### **ESTIMATED ANNUAL BASIS OF PREMIUM**

|                    |               |                                       |
|--------------------|---------------|---------------------------------------|
| Gross Receipts     | \$ XX,XXX,XXX | ESTIMATED POLICY PREMIUM: \$X,XXX,XXX |
| Gross Mileage      | XXX,XXX,XXX   | ESTIMATED POLICY PREMIUM: \$X,XXX,XXX |
| No. of Power Units | XXX,XXX       | ESTIMATED POLICY PREMIUM: \$X,XXX,XXX |
| Value of Equipment | \$ XX,XXX,XXX | ESTIMATED POLICY PREMIUM: \$X,XXX,XXX |

**TOTAL ESTIMATED POLICY PREMIUM: \$XX,XXX,XXX**

**DEPOSIT PREMIUM: \$ X,XXX,XXX (Cash/LOC)**

**When used as a premium basis:**

**Gross Receipts** means the total amount to which you are entitled for shipping or transporting property during the policy period, regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". **You need to report your monthly receipts to us by the 15<sup>th</sup> day of each month. Your monthly report should include any additions or deletions to the schedule of vehicles on file with the Company.** Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

**Gross Mileage** means the total miles operated by the units, loaded or unloaded, during the policy period, whether the shipment originates with you or another "motor carrier". Mileage shall include the total miles developed from the rental of equipment, with or without drivers. **You need to report your monthly mileage to us by the 15<sup>th</sup> day of each month. Your monthly report should include any additions or deletions to the schedule of vehicles on file with the Company.**

**Number of Power Units** is all motorized automobiles covered by the policy of the commercial type owned by or leased to you under a written agreement of not less than thirty (30) days, during the policy period. **You need to report the number of such units as of the last business day of the preceding month to us by the 15<sup>th</sup> day of each month. Your monthly report should include any additions or deletions to the schedule of vehicles on file with the Company.**

**Value of Equipment** is the actual cash value of all autos covered by the policy. **You need to report the value and any changes in equipment to us by the 15<sup>th</sup> day of each month. Your monthly report should include any additions or deletions to the schedule of vehicles on file with the Company, and should contain the total values for all covered "Autos" you assumed responsibility on as of the last business day of the preceding month.**

Failure to submit any monthly report may result in cancellation of your policy for non-payment of premium. We reserve the right to estimate the monthly exposures for reporting purposes if a monthly report is not received by or on the due date. You will be responsible for any and all premiums due for estimated reports.

&lt;COMPANY NAME&gt;

## MONTHLY REPORT FOR LIABILITY – GROSS RECEIPTS / MILEAGE / PER UNIT

Policy No: A+ Symbol – Policy Number - Mod

## Named Insured and Address

Norsemen Specialized Division Inc  
 106 E Main Avenue  
 Eastland, AR 37152

## Agency Name and Address (Agent #)

(319) 477-3344  
 TRUENORTH COMPANIES LC  
 421 4<sup>th</sup> AVE SE  
 P. O. BOX 15543  
 Little Rock, AR 37186

Effective Date: A+ Policy Eff\_Date

Reporting Month: \_\_\_\_\_

## LIABILITY

METHOD: A+ Method from ECACRATE screen)(Either Gross Mileage; Gross Receipts or Per Unit)

\_\_\_\_\_ x \$ xxx.xxx / 100 = \$ \_\_\_\_\_  
 ( Either Mileage/Receipts/Units) Rate Total Premium

ALL NUMBERS ROUNDED TO THE NEAREST DOLLAR

**NOTICE: THIS REPORTING FORM MUST BE MAILED NO LATER THAN  
 THE 15<sup>TH</sup> OF THE MONTH FOLLOWING THE REPORTING  
 MONTH. ALL FIGURES WILL BE AUDITED AT THE  
 CONCLUSION OF THE POLICY PERIOD.**

*Note: Italics print above is filled in from A+ screen entry and printed on form*

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE

**<COMPANY NAME>**  
**MONTHLY REPORT OF PHYSICAL DAMAGE**

**Policy No:**    *A+ Symbol – Number – Mod*

*Note: Italics are “filled in” fields from A+*

**Named Insured and Address**

Norsemen Specialized Division Inc  
 106 E Main Avenue  
 Eastland, AR 37152

**Agency Name and Address (Agent #)**

(319) 477-3344  
 TRUENORTH COMPANIES LC  
 421 4<sup>th</sup> AVE SE  
 P. O. BOX 15543  
 Little Rock, AR 37186

**Effective Date:**    *A+ Policy Eff\_Date*

**Reporting Month:**    \_\_\_\_\_

**UNITS ADDED**

| Veh # | Year | Make | Model | Radius | VIN # | Size | Value | Use |
|-------|------|------|-------|--------|-------|------|-------|-----|
|       |      |      |       |        |       |      |       |     |
|       |      |      |       |        |       |      |       |     |
|       |      |      |       |        |       |      |       |     |

**SCHEDULE OF LOSS PAYEES**

| Veh # | Name & Address |
|-------|----------------|
|       |                |
|       |                |
|       |                |

**UNITS DELETED**

| Veh # | Year | Make | Model | Radius | VIN # | Size | Value | Use |
|-------|------|------|-------|--------|-------|------|-------|-----|
|       |      |      |       |        |       |      |       |     |
|       |      |      |       |        |       |      |       |     |
|       |      |      |       |        |       |      |       |     |

**SCHEDULE OF LOSS PAYEES**

| Veh # | Name & Address |
|-------|----------------|
|       |                |
|       |                |
|       |                |

\_\_\_\_\_ x \$ xxx.xxx / 100 = \$ \_\_\_\_\_  
**Total Value of Equipment                      Rate                      Total Premium for Month**

\_\_\_\_\_  
**DATE (Due by 15<sup>th</sup> of the Following Month)**

\_\_\_\_\_  
**SIGNATURE**

**Keys: Radius – Distance in miles from depot; Size – Gross Vehicle Weight; Value – Stated Amount;  
Use – S for “Service”; R for “Retail”; C for “Commercial”**

|                                 |                                                   |                               |                              |
|---------------------------------|---------------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>UNON-125369724</i>                             | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Continental Western Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>#10030774 \$50</i>        |
| <i>Company Tracking Number:</i> | <i>08-CA-FM-3</i>                                 |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>                       | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>2008 CA Form Filings</i>                       |                               |                              |
| <i>Project Name/Number:</i>     | <i>01-08 CA Trucking Form Filings/</i>            |                               |                              |

## **Rate Information**

Rate data does NOT apply to filing.

|                                 |                                                   |                               |                              |
|---------------------------------|---------------------------------------------------|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>UNON-125369724</i>                             | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>Continental Western Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>#10030774 \$50</i>        |
| <i>Company Tracking Number:</i> | <i>08-CA-FM-3</i>                                 |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>                       | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>2008 CA Form Filings</i>                       |                               |                              |
| <i>Project Name/Number:</i>     | <i>01-08 CA Trucking Form Filings/</i>            |                               |                              |

## Rate/Rule Schedule

| Review Status: | Exhibit Name:  | Rule # or Page #:             | Rate Action | Previous State Filing Attachments Number: |
|----------------|----------------|-------------------------------|-------------|-------------------------------------------|
| Approved       | Company Manual | AR-CA-Except-<br>Pages 1 - 38 | Replacement | 01-08 CA Manual.pdf                       |



CONTINENTAL WESTERN INSURANCE COMPANY  
UNION INSURANCE COMPANY  
ACADIA INSURANCE COMPANY  
COMMERCIAL LINES MANUAL  
DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
ARKANSAS

---

**A.2.**  
**USE OF MOTOR VEHICLE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER**

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Companies using motor vehicle parts not made by the original manufacturer in repair of a covered auto may use Arkansas Notice Endorsement **IL 09 09** in lieu of a sticker or policy language insert containing the same information.

---

**RULE 8.**  
**POLICY WRITING MINIMUM PREMIUM**

---

- A.** For prepaid policies, apply a policy writing minimum of **\$150** regardless of term.
- B.** For policies covering only Hired Autos or Non-Owned Autos - apply a \$ 75 minimum premium.  
For policies covering Hired Autos and Non-Owned Autos only - apply a \$ 150 minimum premium.

---

**RULE 9.**  
**ADDITIONAL PREMIUM CHANGES**

---

- B.** Waiver of Premium  
  
Waive additional premium of **\$15 or less**. This waiver applies only to that portion of the premium due on the effective date of the policy change.

---

**RULE 10.**  
**RETURN PREMIUM CHANGES**

---

- B.** Waiver of Premium  
  
Waive return premium of **\$15 or less**. Grant the return premium if requested by the insured. This waiver applies only to that portion of the premium due on the effective date of the policy change.

---

**RULE 12.**  
**FORMS PORTFOLIO REFERENCE**

---

The following is added to **Paragraph A.**:

- A.18.** Additional Insured -- Automatic Status When Required In Written Agreement With You, **CL CA 20 06**.
- A.19.** Loss Payable Clause and Certificate, **GR CA 00 13**.

Paragraph **B.** is amended by the addition of the following:

The following endorsements are applicable in addition to those referenced elsewhere in the manual and must be attached to all Commercial Automobile Coverage Parts:

**CA 01 62** - Arkansas Changes

**IL 02 31** - Arkansas Changes - Cancellation and Nonrenewal

**CL CA 20 15 - Transportation Extension**

Attach to all policies issued by the Transportation Unit (Miscellaneous Group Indicator Code "MC001".  
The form defines Symbol 72 used for Physical Damage value reporting and to clarify Towing coverage.

**ASBESTOS EXCLUSION**

The exclusion of all losses arising out of exposure to asbestos, products, goods or structures containing asbestos; or the manufacture, transportation, storage or disposal of asbestos or goods or products containing asbestos is mandatory on Business Auto, Garage, Motor Carrier and Truckers policies providing Liability coverage. Use Endorsement **CL CA 01 07**

No premium credit is available for the attachment of this endorsement, nor will its removal be possible for an additional premium, as this is only a restatement of the pollution language already in the policy, specifically addressing a specific containment.

CONTINENTAL WESTERN INSURANCE COMPANY  
UNION INSURANCE COMPANY  
ACADIA INSURANCE COMPANY  
COMMERCIAL LINES MANUAL  
DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
ARKANSAS

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**RULE 12.**  
**FORMS PORTFOLIO REFERENCE (cont'd)**

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**WAIVER OF DEDUCTIBLE - GLASS**

Attach Endorsement **AI CA 54** to any policy which provides Comprehensive Coverage to any covered "auto". Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to glass if the insured elects to patch or repair the glass rather than replace it.

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**RULE 15.**  
**INDIVIDUAL RISK SITUATIONS**

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Paragraph C. is replaced by the following:

C. Filing Obligations

When a particular risk is modified in accordance with Paragraph B., companies should maintain a complete file, including all details of the factors used in determining the modification. Each company is responsible for complying with regulatory requirements.

**Note:** Rates shall not be inadequate, excessive or unfairly discriminatory.

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**RULE 22.**  
**PREMIUM DEVELOPMENT - OTHER THAN ZONE-RATED AUTOS**

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Paragraphs **C.2.** and **C.3.** are replaced by the following:

**C. Premium Computation**

**2. Liability**

- a. Determine the base premiums from the trucks, tractors and trailers base premium in the state company rates/ISO loss costs.
- b. For fleets, multiply the base premiums by a factor of 1.10.
- c. Multiply the base premium by the combined rating factor.
- d. For deductibles, refer to Rule 98.

**3. Physical Damage Coverages**

- a. Determine the age group.
- b. Determine the original cost new.
- c. Determine the physical damage table according to whether the auto is a truck-tractor or whether or not it's capable of dumping its load.
- d. For fleets, multiply the base premiums by the following factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.70                 | 0.90      |

**Table 22.C.3.d. Physical Damage Factors**

- e. Multiply the base premium by the combined rating factor.
- f. For additional deductibles, refer to Rule 98.

**Paragraph C.6. Does not apply.**

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 ACADIA INSURANCE COMPANY  
 COMMERCIAL LINES MANUAL  
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**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS**

Paragraphs **B.5.** And **B.6.** Are replaced by the following:

**5. Non-Fleet and Fleet Primary Classifications - Rating Factors and Statistical Codes**

**a. Local Radius**

| Size Class                                                        | Business Use Class |                         | Radius Class   |       |                 |       |
|-------------------------------------------------------------------|--------------------|-------------------------|----------------|-------|-----------------|-------|
|                                                                   |                    |                         | Local          |       |                 |       |
|                                                                   |                    |                         | Up To 50 Miles |       |                 |       |
|                                                                   |                    |                         | Liability      |       | Physical Damage |       |
| <b>Light Trucks</b><br>(0-10,000 Lbs.<br>G.V.W.)                  |                    | <b>Factor</b>           | <b>1.00</b>    |       | <b>1.00</b>     |       |
|                                                                   | <b>Service</b>     | Code (Non-Fleet, Fleet) | 011--          | 014-- | 011--           | 014-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.45</b>    |       | <b>1.05</b>     |       |
|                                                                   | <b>Retail</b>      | Code (Non-Fleet, Fleet) | 021--          | 024-- | 021--           | 024-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.35</b>    |       | <b>1.10</b>     |       |
|                                                                   | <b>Commercial</b>  | Code (Non-Fleet, Fleet) | 031--          | 034-- | 031--           | 034-- |
| <b>Medium Trucks</b><br>(10,001-.<br>20,000 Lbs.<br>G.V.W.)       |                    | <b>Factor</b>           | <b>1.00</b>    |       | <b>0.75</b>     |       |
|                                                                   | <b>Service</b>     | Code (Non-Fleet, Fleet) | 211--          | 214-- | 211--           | 214-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.45</b>    |       | <b>0.80</b>     |       |
|                                                                   | <b>Retail</b>      | Code (Non-Fleet, Fleet) | 221--          | 224-- | 221--           | 224-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.35</b>    |       | <b>0.85</b>     |       |
|                                                                   | <b>Commercial</b>  | Code (Non-Fleet, Fleet) | 231--          | 234-- | 231--           | 234-- |
| <b>Heavy Trucks</b><br>(20,001-.<br>45,000 Lbs.<br>G.V.W.)        |                    | <b>Factor</b>           | <b>1.10</b>    |       | <b>0.70</b>     |       |
|                                                                   | <b>Service</b>     | Code (Non-Fleet, Fleet) | 311--          | 314-- | 311--           | 314-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.55</b>    |       | <b>0.75</b>     |       |
|                                                                   | <b>Retail</b>      | Code (Non-Fleet, Fleet) | 321--          | 324-- | 321--           | 324-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.45</b>    |       | <b>0.80</b>     |       |
|                                                                   | <b>Commercial</b>  | Code (Non-Fleet, Fleet) | 331--          | 334-- | 331--           | 334-- |
| <b>Extra-Heavy Trucks</b><br>(Over 45,000 Lbs. G.V.W.)            |                    | <b>Factor</b>           | <b>2.00</b>    |       | <b>1.05</b>     |       |
|                                                                   |                    | Code (Non-Fleet, Fleet) | 401--          | 404-- | 401--           | 404-- |
| <b>Heavy Truck-Tractors</b><br>(0-45,000<br>Lbs. G.V.W.)          |                    | <b>Factor</b>           | <b>1.30</b>    |       | <b>0.80</b>     |       |
|                                                                   | <b>Service</b>     | Code (Non-Fleet, Fleet) | 341--          | 344-- | 341--           | 344-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.90</b>    |       | <b>0.85</b>     |       |
|                                                                   | <b>Retail</b>      | Code (Non-Fleet, Fleet) | 351--          | 354-- | 351--           | 354-- |
|                                                                   |                    | <b>Factor</b>           | <b>1.80</b>    |       | <b>0.90</b>     |       |
|                                                                   | <b>Commercial</b>  | Code (Non-Fleet, Fleet) | 361--          | 364-- | 361--           | 364-- |
| <b>Extra-Heavy Truck-Tractors</b><br>(Over 45,000 Lbs. G.V.W.)    |                    | <b>Factor</b>           | <b>2.25</b>    |       | <b>1.10</b>     |       |
|                                                                   |                    | Code (Non-Fleet, Fleet) | 501--          | 504-- | 501--           | 504-- |
| <b>Trailer Types</b>                                              |                    |                         |                |       |                 |       |
| <b>Semitrailers</b>                                               |                    | <b>Factor</b>           | <b>0.10</b>    |       | <b>0.70</b>     |       |
|                                                                   |                    | Code (Non-Fleet, Fleet) | 671--          | 674-- | 671--           | 674-- |
| <b>Trailers</b>                                                   |                    | <b>Factor</b>           | <b>0.10</b>    |       | <b>0.55</b>     |       |
|                                                                   |                    | Code (Non-Fleet, Fleet) | 681--          | 684-- | 681--           | 684-- |
| <b>Service Or Utility Trailer</b><br>(0-2,000 Lbs. Load Capacity) |                    | <b>Factor</b>           | <b>0.00</b>    |       | <b>0.40</b>     |       |
|                                                                   |                    | Code (Non-Fleet, Fleet) | 691--          | 694-- | 691--           | 694-- |

Table 23.B.5.a. Local Radius

CONTINENTAL WESTERN INSURANCE COMPANY  
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 ACADIA INSURANCE COMPANY  
 COMMERCIAL LINES MANUAL  
 DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
 ARKANSAS

**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**b. Intermediate Radius**

| Size Class                                                        | Business Use Class |                                          | Radius Class    |       |                 |       |
|-------------------------------------------------------------------|--------------------|------------------------------------------|-----------------|-------|-----------------|-------|
|                                                                   |                    |                                          | Intermediate    |       |                 |       |
|                                                                   |                    |                                          | 51 To 200 Miles |       |                 |       |
|                                                                   |                    |                                          | Liability       |       | Physical Damage |       |
| <b>Light Trucks</b><br>(0-10,000 Lbs. G.V.W.)                     | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.15</b>     |       | <b>1.15</b>     |       |
|                                                                   |                    |                                          | 012--           | 015-- | 012--           | 015-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.65</b>     |       | <b>1.20</b>     |       |
|                                                                   |                    |                                          | 022--           | 025-- | 022--           | 025-- |
|                                                                   | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.60</b>     |       | <b>1.25</b>     |       |
|                                                                   |                    |                                          | 032--           | 035-- | 032--           | 035-- |
| <b>Medium Trucks</b><br>(10,001-20,000 Lbs. G.V.W.)               | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.15</b>     |       | <b>0.90</b>     |       |
|                                                                   |                    |                                          | 212--           | 215-- | 212--           | 215-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.70</b>     |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 222--           | 225-- | 222--           | 225-- |
|                                                                   | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.65</b>     |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 232--           | 235-- | 232--           | 235-- |
| <b>Heavy Trucks</b><br>(20,001-45,000 Lbs. G.V.W.)                | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.30</b>     |       | <b>0.80</b>     |       |
|                                                                   |                    |                                          | 312--           | 315-- | 312--           | 315-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.85</b>     |       | <b>0.85</b>     |       |
|                                                                   |                    |                                          | 322--           | 325-- | 322--           | 325-- |
|                                                                   | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.75</b>     |       | <b>0.90</b>     |       |
|                                                                   |                    |                                          | 332--           | 335-- | 332--           | 335-- |
| <b>Extra-Heavy Trucks</b><br>(Over 45,000 Lbs. G.V.W.)            |                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>2.60</b>     |       | <b>1.20</b>     |       |
|                                                                   |                    |                                          | 402--           | 405-- | 402--           | 405-- |
| <b>Heavy Truck-Tractors</b><br>(0-45,000 Lbs. G.V.W.)             | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.55</b>     |       | <b>0.90</b>     |       |
|                                                                   |                    |                                          | 342--           | 345-- | 342--           | 345-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>2.30</b>     |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 352--           | 355-- | 352--           | 355-- |
|                                                                   | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>2.20</b>     |       | <b>1.00</b>     |       |
|                                                                   |                    |                                          | 362--           | 365-- | 362--           | 365-- |
| <b>Extra-Heavy Truck-Tractors</b><br>(Over 45,000 Lbs. G.V.W.)    |                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>2.80</b>     |       | <b>1.25</b>     |       |
|                                                                   |                    |                                          | 502--           | 505-- | 502--           | 505-- |
| <b>Trailer Types</b>                                              |                    |                                          |                 |       |                 |       |
| <b>Semitrailers</b>                                               |                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.15</b>     |       | <b>0.80</b>     |       |
|                                                                   |                    |                                          | 672--           | 675-- | 672--           | 675-- |
| <b>Trailers</b>                                                   |                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.15</b>     |       | <b>0.65</b>     |       |
|                                                                   |                    |                                          | 682--           | 685-- | 682--           | 685-- |
| <b>Service Or Utility Trailer</b><br>(0-2,000 Lbs. Load Capacity) |                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.00</b>     |       | <b>0.50</b>     |       |
|                                                                   |                    |                                          | 692--           | 695-- | 692--           | 695-- |

**Table 23.B.5.b. Intermediate Radius**

CONTINENTAL WESTERN INSURANCE COMPANY  
 UNION INSURANCE COMPANY  
 ACADIA INSURANCE COMPANY  
 COMMERCIAL LINES MANUAL  
 DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
 ARKANSAS

**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**c. Long Distance Radius**

| Size Class                                                        | Business Use Class |                                          | Radius Class                 |       |                 |       |
|-------------------------------------------------------------------|--------------------|------------------------------------------|------------------------------|-------|-----------------|-------|
|                                                                   |                    |                                          | Long Distance Over 200 Miles |       |                 |       |
|                                                                   |                    |                                          | Liability                    |       | Physical Damage |       |
| <b>Light Trucks</b><br>(0-10,000 Lbs. G.V.W.)                     | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.25</b>                  |       | <b>1.20</b>     |       |
|                                                                   |                    |                                          | 013--                        | 016-- | 013--           | 016-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.75</b>                  |       | <b>1.25</b>     |       |
|                                                                   |                    |                                          | 023--                        | 026-- | 023--           | 026-- |
| <b>Medium Trucks</b><br>(10,001-20,000 Lbs. G.V.W.)               | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.70</b>                  |       | <b>1.30</b>     |       |
|                                                                   |                    |                                          | 033--                        | 036-- | 033--           | 036-- |
|                                                                   |                    |                                          |                              |       |                 |       |
|                                                                   |                    |                                          |                              |       |                 |       |
| <b>ZONE-RATED</b>                                                 |                    |                                          |                              |       |                 |       |
| <b>Heavy Trucks</b><br>(20,001-45,000 Lbs. G.V.W.)                | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.90</b>                  |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 213--                        | 216-- | 213--           | 216-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.90</b>                  |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 223--                        | 226-- | 223--           | 226-- |
| <b>Extra-Heavy Trucks</b><br>(Over 45,000 Lbs. G.V.W.)            | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.90</b>                  |       | <b>0.95</b>     |       |
|                                                                   |                    |                                          | 233--                        | 236-- | 233--           | 236-- |
|                                                                   |                    |                                          |                              |       |                 |       |
|                                                                   |                    |                                          |                              |       |                 |       |
| <b>Heavy Truck-Tractors</b><br>(0-45,000 Lbs. G.V.W.)             | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b>                  |       | <b>1.00</b>     |       |
|                                                                   |                    |                                          | 313--                        | 316-- | 313--           | 316-- |
|                                                                   | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b>                  |       | <b>1.00</b>     |       |
|                                                                   |                    |                                          | 323--                        | 326-- | 323--           | 326-- |
| <b>Extra-Heavy Truck-Tractors</b><br>(Over 45,000 Lbs. G.V.W.)    | <b>Commercial</b>  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b>                  |       | <b>1.00</b>     |       |
|                                                                   |                    |                                          | 333--                        | 336-- | 333--           | 336-- |
|                                                                   |                    |                                          |                              |       |                 |       |
|                                                                   |                    |                                          |                              |       |                 |       |
| <b>Trailer Types</b>                                              |                    |                                          |                              |       |                 |       |
| <b>Semitrailers</b>                                               |                    |                                          |                              |       |                 |       |
| <b>Trailers</b>                                                   | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.15</b>                  |       | <b>0.65</b>     |       |
|                                                                   |                    |                                          | 673--                        | 676-- | 673--           | 676-- |
| <b>Service Or Utility Trailer</b><br>(0-2,000 Lbs. Load Capacity) | <b>Retail</b>      | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.15</b>                  |       | <b>0.65</b>     |       |
|                                                                   |                    |                                          | 683--                        | 686-- | 683--           | 686-- |
| <b>Extra-Heavy Truck-Tractors</b><br>(Over 45,000 Lbs. G.V.W.)    | <b>Service</b>     | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.00</b>                  |       | <b>0.65</b>     |       |
|                                                                   |                    |                                          | 693--                        | 696-- | 693--           | 696-- |

Table 23.B.5.c. Long Distance Radius

CONTINENTAL WESTERN INSURANCE COMPANY  
 UNION INSURANCE COMPANY  
 ACADIA INSURANCE COMPANY  
 COMMERCIAL LINES MANUAL  
 DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
 ARKANSAS

**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

Paragraph C. is replaced by the following:

**C. Secondary Classification - Special Industry Class**

- 1. Application**  
 According to classification, combine the secondary factor in this section with the primary factor. Insert the code provided in the 4th and 5th digit of the classification code.
- 2. Autos Having More Than One Use**  
 Where more than one secondary rating factor applies, use the highest rated classification unless 80% of the use is in a lower rated activity. In that case, use the lower rated classification.
- 3. Trailer Types and Zone-Rated Autos**  
 Use the classification codes provided in the tables of this section. All secondary factors for Trailer Types and Zone-Rated Autos are zero (0.00). Do not use factors from this section.
- 4. Truckers**  
 Autos used to haul or transport goods, materials or commodities for another, other than autos used in moving operations.

|                |                                                                                                                   |                                          | Secondary Factor To Be Combined<br>With Primary Factor |       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|-------|-----------------------------------------------------------------------------|
| Classification |                                                                                                                   | Trailer Types and<br>Zone-Rated<br>Autos | All<br>Other<br>Autos                                  |       |                                                                             |
| a.             | Common Carriers                                                                                                   | Local                                    | 0.00                                                   | +0.70 | 21                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 21                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 21                                                                          |
| b.             | Contract Carriers<br>(Other than Chemical or<br>Iron and Steel Haulers)                                           | Local                                    | 0.00                                                   | +0.70 | 22                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 22                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 22                                                                          |
| c.             | Contract Carriers<br>Hauling Chemicals                                                                            | Local                                    | 0.00                                                   | +0.70 | 23                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 23                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 23                                                                          |
| d.             | Contract Carriers<br>Hauling Iron and Steel                                                                       | Local                                    | 0.00                                                   | +0.70 | 24                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 24                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 24                                                                          |
| e.             | Exempt Carriers<br>(Other than Livestock<br>Haulers)                                                              | Local                                    | 0.00                                                   | +0.70 | 25                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 25                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 25                                                                          |
| f.             | Exempt Carriers<br>Hauling Livestock                                                                              | Local                                    | 0.00                                                   | +0.70 | 26                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 26                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 26                                                                          |
| g.             | Carriers Engaged in<br>Both Private Carriage<br>and Transporting<br>Goods, Materials or<br>Commodities for Others | Local                                    | 0.00                                                   | +0.70 | 02                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 02                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 02                                                                          |
| h.             | Tow Trucks For-Hire                                                                                               | Local                                    | 0.00                                                   | +0.70 | 03                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 03                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 03                                                                          |
| i.             | All Other                                                                                                         | Local                                    | 0.00                                                   | +0.70 | 29                                                                          |
|                |                                                                                                                   | Intermediate                             | 0.00                                                   | +0.70 | 29                                                                          |
|                |                                                                                                                   | Long Distance                            | 0.00                                                   | +0.70 | 29                                                                          |

**Table 23.C.4. Truckers**

CONTINENTAL WESTERN INSURANCE COMPANY  
 UNION INSURANCE COMPANY  
 ACADIA INSURANCE COMPANY  
 COMMERCIAL LINES MANUAL  
 DIVISION ONE - COMMERCIAL AUTOMOBILE - RULES  
 ARKANSAS

**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**5. Food Delivery**

Autos used by food manufacturers to transport raw and finished products or used in wholesale distribution of food.

| Classification |                                 | Secondary Factor To Be Combined<br>With Primary Factor |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|---------------------------------|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                                 | Trailer Types and<br>Zone-Rated<br>Autos               | All<br>Other<br>Autos |                                                                             |
| a.             | Canneries and<br>Packing Plants | 0.00                                                   | +0.40                 | 31                                                                          |
| b.             | Fish and Seafood                | 0.00                                                   | +0.40                 | 32                                                                          |
| c.             | Frozen Food                     | 0.00                                                   | +0.40                 | 33                                                                          |
| d.             | Fruit and Vegetable             | 0.00                                                   | +0.40                 | 34                                                                          |
| e.             | Meat or Poultry                 | 0.00                                                   | +0.40                 | 35                                                                          |
| f.             | All Other                       | 0.00                                                   | +0.40                 | 39                                                                          |

**Table 23.C.5. Food Delivery**

**6. Specialized Delivery**

Autos used in deliveries subject to time and similar constraints.

| Classification |                         | Secondary Factor To Be Combined<br>With Primary Factor |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|-------------------------|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                         | Trailer Types and<br>Zone-Rated<br>Autos               | All<br>Other<br>Autos |                                                                             |
| a.             | Armored Cars            | 0.00                                                   | +0.60                 | 41                                                                          |
| b.             | Film Delivery           | 0.00                                                   | +0.60                 | 42                                                                          |
| c.             | Magazines or Newspapers | 0.00                                                   | +0.60                 | 43                                                                          |
| d.             | Mail and Parcel Post    | 0.00                                                   | +0.60                 | 44                                                                          |
| e.             | All Other               | 0.00                                                   | +0.60                 | 49                                                                          |

**Table 23.C.6. Specialized Delivery**

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**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**7. Waste Disposal**

Autos transporting salvage and waste material for disposal or resale.

| Classification |                             | Secondary Factor To Be Combined<br>With Primary Factor            |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|-----------------------------|-------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                             | Trailer Types, Light<br>Service Trucks and<br>Zone-Rated<br>Autos | All<br>Other<br>Autos |                                                                             |
| a.             | Auto Dismantlers            | 0.00                                                              | +0.30                 | 51                                                                          |
| b.             | Building Wrecking Operators | 0.00                                                              | +0.30                 | 52                                                                          |
| c.             | Garbage                     | 0.00                                                              | +0.30                 | 53                                                                          |
| d.             | Junk Dealers                | 0.00                                                              | +0.30                 | 54                                                                          |
| e.             | All Other                   | 0.00                                                              | +0.30                 | 59                                                                          |

**Table 23.C.7. Waste Disposal**

**8. Farmers**

Autos owned by a farmer, used in connection with the operation of his own farm and occasionally used to haul commodities for other farmers.

| Classification |                                                                      | Secondary Factor To Be Combined<br>With Primary Factor |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|----------------------------------------------------------------------|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                                                                      | Trailer Types and<br>Zone-Rated<br>Autos               | All<br>Other<br>Autos |                                                                             |
| a.             | Individually Owned or Family Corp.<br>(Other than Livestock Hauling) | 0.00                                                   | -0.50                 | 61                                                                          |
| b.             | Livestock Hauling                                                    | 0.00                                                   | -0.50                 | 62                                                                          |
| c.             | All Other                                                            | 0.00                                                   | -0.50                 | 69                                                                          |

**Table 23.C.8. Farmers**



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**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**9. Dump And Transit Mix Trucks And Trailers**

(Use these factors and codes only when no other secondary classification applies.)

| Classification |                                        | Secondary Factor To Be Combined<br>With Primary Factor |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|----------------------------------------|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                                        | Trailer Types and<br>Zone-Rated<br>Autos               | All<br>Other<br>Autos |                                                                             |
| a.             | Excavating                             | 0.00                                                   | -0.20                 | 71                                                                          |
| b.             | Sand and Gravel (Other than Quarrying) | 0.00                                                   | -0.20                 | 72                                                                          |
| c.             | Mining                                 | 0.00                                                   | -0.20                 | 73                                                                          |
| d.             | Quarrying                              | 0.00                                                   | -0.20                 | 74                                                                          |
| e.             | All Other                              | 0.00                                                   | -0.20                 | 79                                                                          |

**Table 23.C.9. Dump And Transit Mix Trucks and Trailers**

**10. Contractors**

(Other than dump trucks.)

| Classification |                                                                          | Secondary Factor To Be Combined<br>With Primary Factor |                       | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|--------------------------------------------------------------------------|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
|                |                                                                          | Trailer Types and<br>Zone-Rated<br>Autos               | All<br>Other<br>Autos |                                                                             |
| a.             | Building - Commercial                                                    | 0.00                                                   | -0.05                 | 81                                                                          |
| b.             | Building - Private Dwellings                                             | 0.00                                                   | -0.05                 | 82                                                                          |
| c.             | Electrical, Plumbing, Masonry, Plastering<br>and Other Repair or Service | 0.00                                                   | -0.05                 | 83                                                                          |
| d.             | Excavating                                                               | 0.00                                                   | -0.05                 | 84                                                                          |
| e.             | Street and Road                                                          | 0.00                                                   | -0.05                 | 85                                                                          |
| f.             | All Other                                                                | 0.00                                                   | -0.05                 | 89                                                                          |

**Table 23.C.10. Contractors**

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**RULE 23.**  
**TRUCKS, TRACTORS AND TRAILERS CLASSIFICATIONS (Continued)**

**11. Not Otherwise Specified**

| Classification |                       | Secondary Factor To Be Combined<br>With Primary Factor | Code To Be In-<br>serted in 4th &<br>5th Digit Of<br>Classification<br>Code |
|----------------|-----------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|
|                |                       | All<br>Autos                                           |                                                                             |
| a.             | Logging and Lumbering | 0.00                                                   | 91                                                                          |
| b.             | All Other             | 0.00                                                   | 99                                                                          |

**Table 23.C.11. Not Otherwise Specified**

Paragraph D.3. is replaced by the following:

**D. Special Provision For Certain Risks**

**3. Amusement Devices (Class Code 7905)**

A Coverage Form that covers an auto with an amusement device mounted on it must cover the operation of the amusement device. Develop the additional premium by multiplying the trucks, tractors and trailers liability base premium by 1.60. The premium is for the period of coverage and not subject to any return.

Paragraph D.8. **Additional Coverages** is amended by the addition of the following:

To provide additional coverages for all territories (Subline Code 618), multiply the Specified Causes of Loss (Coverage Code 020) premium by the following factors:

| Coverage                         | Code | Factor |
|----------------------------------|------|--------|
| Fire Only                        | 011  | 0.35   |
| Fire and Theft Only              | 012  | 0.50   |
| Fire, Theft and Windstorm Only   | 031  | 0.80   |
| Limited Specified Causes of Loss | 021  | 0.90   |

For Stated Amount rating, refer to Company.

**Table 23.D.8. Additional Coverages**

**RULE 24.**  
**TRUCKERS/MOTOR CARRIERS**

Paragraph C.2.c. is replaced by the following:

**C. Premium Determination**

**2. Cost of Hire Basis (Class Code 6626, For Truckers Without Hold Harmless Agreements and 6628, For Truckers With Hold Harmless Agreements. Minimum Premium Class Code 6619)**

c. The cost of hire rate is determined by multiplying the average specified auto rate by .0020.

**C. 2. g. Minimum Premium**

**\$30 for bodily injury and property damage liability at a \$100,000 limit.**

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**RULE 25.**  
**PREMIUM DEVELOPMENT - ZONE-RATED AUTOS**

Paragraph **C.2.b.** is replaced by the following:

- C. 2. Premium Development -- Liability And Basic No-Fault Coverages**  
 b. For fleets, multiply the base premiums by 0.70.

Paragraph **C.3.a.** is amended by the addition of the following:

**Zone-Rating Table - Zone 17 (Little Rock) Combinations**

**Table 25.C.3.a.#1**

| Zone | Description          | Code | Specified Causes of Loss | Comp. | Collision |
|------|----------------------|------|--------------------------|-------|-----------|
| 01   | Atlanta              | 201  | 0.629                    | 0.967 | 1.274     |
| 02   | Baltimore/Washington | 202  | 0.554                    | 0.852 | 1.841     |
| 03   | Boston               | 203  | 0.576                    | 0.886 | 0.954     |
| 04   | Buffalo              | 204  | 0.554                    | 0.852 | 1.841     |
| 05   | Charlotte            | 205  | 0.629                    | 0.967 | 1.274     |
| 06   | Chicago              | 206  | 0.584                    | 0.898 | 1.333     |
| 07   | Cincinnati           | 207  | 0.584                    | 0.898 | 1.333     |
| 08   | Cleveland            | 208  | 0.584                    | 0.898 | 1.333     |
| 09   | Dallas/Fort Worth    | 209  | 0.601                    | 0.925 | 0.952     |
| 10   | Denver               | 210  | 0.674                    | 1.037 | 1.182     |
| 11   | Detroit              | 211  | 0.584                    | 0.898 | 1.333     |
| 12   | Hartford             | 212  | 0.576                    | 0.886 | 0.954     |
| 13   | Houston              | 213  | 0.601                    | 0.925 | 0.952     |
| 14   | Indianapolis         | 214  | 0.584                    | 0.898 | 1.333     |
| 15   | Jacksonville         | 215  | 0.629                    | 0.967 | 1.274     |
| 16   | Kansas City          | 216  | 0.606                    | 0.932 | 1.025     |
| 17   | Little Rock          | 217  | 0.601                    | 0.925 | 0.952     |
| 18   | Los Angeles          | 218  | 0.813                    | 1.251 | 1.326     |
| 19   | Louisville           | 219  | 0.659                    | 1.014 | 0.950     |
| 20   | Memphis              | 220  | 0.659                    | 1.014 | 0.950     |
| 21   | Miami                | 221  | 0.629                    | 0.967 | 1.274     |
| 22   | Milwaukee            | 222  | 0.606                    | 0.932 | 1.025     |
| 23   | Minneapolis/St. Paul | 223  | 0.606                    | 0.932 | 1.025     |
| 24   | Nashville            | 224  | 0.659                    | 1.014 | 0.950     |
| 25   | New Orleans          | 225  | 0.631                    | 0.970 | 1.218     |
| 26   | New York City        | 226  | 0.554                    | 0.852 | 1.841     |
| 27   | Oklahoma City        | 227  | 0.601                    | 0.925 | 0.952     |
| 28   | Omaha                | 228  | 0.606                    | 0.932 | 1.025     |
| 29   | Phoenix              | 229  | 0.674                    | 1.037 | 1.182     |
| 30   | Philadelphia         | 230  | 0.554                    | 0.852 | 1.841     |
| 31   | Pittsburgh           | 231  | 0.554                    | 0.852 | 1.841     |
| 32   | Portland             | 232  | 0.813                    | 1.251 | 1.326     |
| 33   | Richmond             | 233  | 0.629                    | 0.967 | 1.274     |
| 34   | St. Louis            | 234  | 0.606                    | 0.932 | 1.025     |
| 35   | Salt Lake City       | 235  | 0.674                    | 1.037 | 1.182     |
| 36   | San Francisco        | 236  | 0.813                    | 1.251 | 1.326     |
| 37   | Tulsa                | 237  | 0.601                    | 0.925 | 0.952     |
| 40   | Pacific              | 240  | 0.813                    | 1.251 | 1.326     |
| 41   | Mountain             | 241  | 0.674                    | 1.037 | 1.182     |
| 42   | Midwest              | 242  | 0.606                    | 0.932 | 1.025     |
| 43   | Southwest            | 243  | 0.601                    | 0.925 | 0.952     |
| 44   | North Central        | 244  | 0.584                    | 0.898 | 1.333     |
| 45   | Mideast              | 245  | 0.659                    | 1.014 | 0.95      |
| 46   | Gulf                 | 246  | 0.631                    | 0.970 | 1.218     |
| 47   | Southeast            | 247  | 0.629                    | 0.967 | 1.274     |
| 48   | Eastern              | 248  | 0.554                    | 0.852 | 1.841     |
| 49   | New England          | 249  | 0.576                    | 0.886 | 0.954     |

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**RULE 25.**  
**PREMIUM DEVELOPMENT - ZONE-RATED AUTOS (cont'd)**

**Zone-Rating Table - Zone 43 (Southwest) Combinations**

**Table 25.C.3.a.#2**

| Zone | Description          | Code | Specified Causes of Loss | Comp. | Collision |
|------|----------------------|------|--------------------------|-------|-----------|
| 01   | Atlanta              | 901  | 0.629                    | 0.967 | 1.274     |
| 02   | Baltimore/Washington | 902  | 0.554                    | 0.852 | 1.841     |
| 03   | Boston               | 903  | 0.576                    | 0.886 | 0.954     |
| 04   | Buffalo              | 904  | 0.554                    | 0.852 | 1.841     |
| 05   | Charlotte            | 905  | 0.629                    | 0.967 | 1.274     |
| 06   | Chicago              | 906  | 0.584                    | 0.898 | 1.333     |
| 07   | Cincinnati           | 907  | 0.584                    | 0.898 | 1.333     |
| 08   | Cleveland            | 908  | 0.584                    | 0.898 | 1.333     |
| 09   | Dallas/Fort Worth    | 909  | 0.601                    | 0.925 | 0.952     |
| 10   | Denver               | 910  | 0.674                    | 1.037 | 1.182     |
| 11   | Detroit              | 911  | 0.584                    | 0.898 | 1.333     |
| 12   | Hartford             | 912  | 0.576                    | 0.886 | 0.954     |
| 13   | Houston              | 913  | 0.601                    | 0.925 | 0.952     |
| 14   | Indianapolis         | 914  | 0.584                    | 0.898 | 1.333     |
| 15   | Jacksonville         | 915  | 0.629                    | 0.967 | 1.274     |
| 16   | Kansas City          | 916  | 0.606                    | 0.932 | 1.025     |
| 17   | Little Rock          | 917  | 0.601                    | 0.925 | 0.952     |
| 18   | Los Angeles          | 918  | 0.813                    | 1.251 | 1.326     |
| 19   | Louisville           | 919  | 0.659                    | 1.014 | 0.950     |
| 20   | Memphis              | 920  | 0.659                    | 1.014 | 0.950     |
| 21   | Miami                | 921  | 0.629                    | 0.967 | 1.274     |
| 22   | Milwaukee            | 922  | 0.606                    | 0.932 | 1.025     |
| 23   | Minneapolis/St. Paul | 923  | 0.606                    | 0.932 | 1.025     |
| 24   | Nashville            | 924  | 0.659                    | 1.014 | 0.950     |
| 25   | New Orleans          | 925  | 0.631                    | 0.970 | 1.218     |
| 26   | New York City        | 926  | 0.554                    | 0.852 | 1.841     |
| 27   | Oklahoma City        | 927  | 0.601                    | 0.925 | 0.952     |
| 28   | Omaha                | 928  | 0.606                    | 0.932 | 1.025     |
| 29   | Phoenix              | 929  | 0.674                    | 1.037 | 1.182     |
| 30   | Philadelphia         | 930  | 0.554                    | 0.852 | 1.841     |
| 31   | Pittsburgh           | 931  | 0.554                    | 0.852 | 1.841     |
| 32   | Portland             | 932  | 0.813                    | 1.251 | 1.326     |
| 33   | Richmond             | 933  | 0.629                    | 0.967 | 1.274     |
| 34   | St. Louis            | 934  | 0.606                    | 0.932 | 1.025     |
| 35   | Salt Lake City       | 935  | 0.674                    | 1.037 | 1.182     |
| 36   | San Francisco        | 936  | 0.813                    | 1.251 | 1.326     |
| 37   | Tulsa                | 937  | 0.601                    | 0.925 | 0.952     |
| 40   | Pacific              | 940  | 0.813                    | 1.251 | 1.657     |
| 41   | Mountain             | 941  | 0.674                    | 1.037 | 1.477     |
| 42   | Midwest              | 942  | 0.606                    | 0.932 | 1.281     |
| 43   | Southwest            | 943  | 0.601                    | 0.925 | 1.190     |
| 44   | North Central        | 944  | 0.584                    | 0.898 | 1.666     |
| 45   | Mideast              | 945  | 0.659                    | 1.014 | 1.187     |
| 46   | Gulf                 | 946  | 0.631                    | 0.970 | 1.522     |
| 47   | Southeast            | 947  | 0.629                    | 0.967 | 1.593     |
| 48   | Eastern              | 948  | 0.554                    | 0.852 | 2.301     |
| 49   | New England          | 949  | 0.576                    | 0.886 | 1.192     |

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**RULE 25.  
PREMIUM DEVELOPMENT - ZONE-RATED AUTOS (cont'd)**

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Paragraph **C.3.b., e. and f.** are replaced by the following:

**3. Physical Damage**

- b.** For fleets, multiply the base premiums by 0.65.
- e.** For truck-tractors and autos used in dumping operations, multiply the \$ 100 ded Collision premium by 1.25.
- f.** For specified causes of loss, multiply the full Comprehensive premium by 0.65. For additional coverages, refer to Table 23.D.8.

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**RULE 31.  
ELIGIBILITY**

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Paragraph **C.** is replaced by the following:

**C. Factors**

The following factors apply only to those private passenger type autos insured on a Business Auto, Motor Carrier or Truckers Coverage Form or on a Garage Coverage Form insuring a non-dealer. These private passenger types must be:

- 1. Furnished to individuals by sole proprietorships, corporations, partnerships and unincorporated associations owning less than 5 autos and not used for business purposes except for occasional business use that is the same as what would be expected for personal private passenger autos; or
- 2. Owned by family partnerships or family corporations and which are:
  - a. Garaged on a farm or ranch; and
  - b. Not rated as part of a fleet; and
  - c. Not used in any occupation other than farming or ranching.
  - d. Use the factors in Table 31.C.2.d. for Operator Experience and Use.

Add the Operator Experience and Use factors to get a total combined factor. Multiply the private passenger type rates developed from the state company rates/ISO loss costs for liability, physical damage, medical payments and basic no-fault coverages by the total combined factor.

| <b>Operator Experience</b>                                          | <b>Factor</b> |
|---------------------------------------------------------------------|---------------|
| No operator licensed less than 5 years                              | 0.75          |
| Operator licensed less than 5 years not owner or principal operator | 1.40          |
| Owner or principal operator licensed less than 5 years              | 2.00          |
| <b>USE</b>                                                          | <b>Factor</b> |
| Not driven to work or school                                        | 0.00          |
| To or from work less than 25 miles                                  | 0.15          |
| To or from work 25 or more miles                                    | 0.25          |

Table 31.C.2.d. Operator Experience and Use Factors

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**RULE 33.  
FARMERS AUTOS (Class Code 7399)**

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Paragraph **B.** is replaced the following:

**B. Premium Computation**

Multiply the private passenger type rates in the state company rates/ISO loss costs by .75.

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**RULE 39.  
PREMIUM DEVELOPMENT - OTHER THAN ZONE-RATED AUTOS**

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Paragraphs **C.2** and **C.3** Are replaced by the following:

**C.** Premium Computation

2. Liability, Basic No-Fault and Medical Payment Coverages

- a. Determine the base premium in the state company/ISO loss costs.
- b. For fleets, multiply the base premiums by the following factors:

| Vehicle Type            | Factor |
|-------------------------|--------|
| Taxis and Limousines    | 1.10   |
| School and Church Buses | 1.20   |

- c. Multiply the base premium by the combined rating factor.
- d. For deductibles, refer to Rule 98.

3. Physical Damage Coverage

- a. Determine the appropriate premium based on age, original cost new and type of vehicle.
- b. For other than collision coverage on fleets, multiply the base premiums by the following factors:

| Vehicle Type            | Factor |
|-------------------------|--------|
| Limousines              | 0.85   |
| School and Church Buses | 0.85   |
| All Other Buses         | 0.85   |

- c. Multiply the base premium by the combined rating factor.
- d. For additional deductibles, refer to Rule 98.

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**RULE 40.  
PUBLIC AUTO CLASSIFICATIONS**

Paragraph **D.3.** Is replaced by the following:

**D.** Primary Classifications

3. Non-Fleet and Fleet Primary Classifications - Rating Factors and Statistical Codes for Local, Intermediate and Long Distance Radius

**a. Taxicabs, Limousines and Buses**

| Categories                                                   |                                          | Local (Up to 50 Miles) |       |                      |       |
|--------------------------------------------------------------|------------------------------------------|------------------------|-------|----------------------|-------|
|                                                              |                                          | Liability              |       | Physical Damage      |       |
| Taxicab or Similar Passenger Carrying Service                | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b><br>4159    | 4189  | <b>2.70</b><br>4159  | 4189  |
| Limousine                                                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.40</b><br>4259    | 4289  | <b>1.35</b><br>4259  | 4289  |
| School Bus Owned by Political Subdivision or School District | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.20</b><br>615--   | 618-- | <b>0.50</b><br>615-- | 618-- |
| Other School Bus                                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.50</b><br>625--   | 628-- | <b>0.50</b><br>625-- | 628-- |
| Church Bus                                                   | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b><br>635--   | 638-- | <b>1.00</b><br>635-- | 638-- |
| Urban Bus                                                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.80</b><br>515--   | 518-- | <b>1.45</b><br>515-- | 518-- |
| Airport Bus or Airport Limousine                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.70</b><br>525--   | 528-- | <b>1.55</b><br>525-- | 528-- |
| Inter-City Bus                                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.05</b><br>535--   | 538-- | <b>0.95</b><br>535-- | 538-- |
| Charter Bus                                                  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b><br>545--   | 548-- | <b>1.55</b><br>545-- | 548-- |
| Sightseeing Bus                                              | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.75</b><br>555--   | 558-- | <b>0.90</b><br>555-- | 558-- |
| Trans. of Athletes and Entertainers                          | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.45</b><br>565--   | 568-- | <b>1.40</b><br>565-- | 568-- |
| Social Service Auto Employee-Operated                        | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.55</b><br>645--   | 648-- | <b>1.20</b><br>645-- | 648-- |
| Social Services Auto All Other                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.50</b><br>655--   | 658-- | <b>1.20</b><br>655-- | 658-- |
| Bus Not Otherwise Classified                                 | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.55</b><br>585--   | 588-- | <b>1.25</b><br>585-- | 588-- |

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**RULE 40.**  
**PUBLIC AUTO CLASSIFICATIONS (cont'd)**

| Categories                                                   |                                          | Intermediate (51 to 200 Miles) |                      |                      |                      |
|--------------------------------------------------------------|------------------------------------------|--------------------------------|----------------------|----------------------|----------------------|
|                                                              |                                          | Liability                      |                      | Physical Damage      |                      |
| Taxicab or Similar Passenger Carrying Service                | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.15</b><br>4169            | <b>3.10</b><br>4199  | <b>1.15</b><br>4169  | <b>3.10</b><br>4199  |
| Limousine                                                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.45</b><br>4269            | <b>1.55</b><br>4299  | <b>0.45</b><br>4269  | <b>1.55</b><br>4299  |
| School Bus Owned by Political Subdivision or School District | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.40</b><br>616--           | <b>0.55</b><br>619-- | <b>1.40</b><br>616-- | <b>0.55</b><br>619-- |
| Other School Bus                                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.75</b><br>626--           | <b>0.55</b><br>629-- | <b>1.75</b><br>626-- | <b>0.55</b><br>629-- |
| Church Bus                                                   | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.15</b><br>636--           | <b>1.15</b><br>639-- | <b>1.15</b><br>636-- | <b>1.15</b><br>639-- |
| Urban Bus                                                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.90</b><br>516--           | <b>1.65</b><br>519-- | <b>0.90</b><br>516-- | <b>1.65</b><br>519-- |
| Airport Bus or Airport Limousine                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.80</b><br>526--           | <b>1.80</b><br>529-- | <b>0.80</b><br>526-- | <b>1.80</b><br>529-- |
| Inter-City Bus                                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.20</b><br>536--           | <b>1.10</b><br>539-- | <b>1.20</b><br>536-- | <b>1.10</b><br>539-- |
| Charter Bus                                                  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.15</b><br>546--           | <b>1.80</b><br>549-- | <b>1.15</b><br>546-- | <b>1.80</b><br>549-- |
| Sightseeing Bus                                              | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.85</b><br>556--           | <b>1.05</b><br>559-- | <b>0.85</b><br>556-- | <b>1.05</b><br>559-- |
| Trans, of Athletes and Entertainers                          | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.50</b><br>566--           | <b>1.60</b><br>569-- | <b>0.50</b><br>566-- | <b>1.60</b><br>569-- |
| Social Service Auto Employee-Operated                        | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.65</b><br>646--           | <b>1.40</b><br>649-- | <b>0.65</b><br>646-- | <b>1.40</b><br>649-- |
| Social Services Auto All Other                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.60</b><br>656--           | <b>1.40</b><br>659-- | <b>0.60</b><br>656-- | <b>1.40</b><br>659-- |
| Bus Not Otherwise Classified                                 | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.65</b><br>586--           | <b>1.45</b><br>589-- | <b>0.65</b><br>586-- | <b>1.45</b><br>589-- |



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**RULE 40.**  
**PUBLIC AUTO CLASSIFICATIONS (cont'd)**

| Categories                                                   |                                          | Long Distance (Over 200 Miles) |              |                      |              |
|--------------------------------------------------------------|------------------------------------------|--------------------------------|--------------|----------------------|--------------|
|                                                              |                                          | Liability                      |              | Physical Damage      |              |
| Taxicab or Similar Passenger Carrying Service                | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.25</b><br>4179            | <b>4109</b>  | <b>3.25</b><br>4179  | <b>4109</b>  |
| Limousine                                                    | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.50</b><br>4279            | <b>4209</b>  | <b>1.65</b><br>4279  | <b>4209</b>  |
| School Bus Owned by Political Subdivision or School District | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.50</b><br>617--           | <b>610--</b> | <b>0.60</b><br>617-- | <b>610--</b> |
| Other School Bus                                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.90</b><br>627--           | <b>620--</b> | <b>0.60</b><br>627-- | <b>620--</b> |
| Church Bus                                                   | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.25</b><br>637--           | <b>630--</b> | <b>1.20</b><br>637-- | <b>630--</b> |
| <b>Zone-Rated</b>                                            |                                          |                                |              |                      |              |
| Airport Bus or Airport Limousine                             | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.10</b><br>5279            | <b>5209</b>  | <b>1.00</b><br>5279  | <b>5209</b>  |
| Inter-City Bus                                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.85</b><br>5379            | <b>5309</b>  | <b>1.00</b><br>5379  | <b>5309</b>  |
| Charter Bus                                                  | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.85</b><br>5479            | <b>5409</b>  | <b>1.00</b><br>5479  | <b>5409</b>  |
| Sightseeing Bus                                              | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.65</b><br>5579            | <b>5509</b>  | <b>1.00</b><br>5579  | <b>5509</b>  |
| Trans, of Athletes and Entertainers                          | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>1.00</b><br>5679            | <b>5609</b>  | <b>1.00</b><br>5679  | <b>5609</b>  |
| Social Service Auto Employee-Operated                        | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.95</b><br>6479            | <b>6409</b>  | <b>1.00</b><br>6479  | <b>6409</b>  |
| Social Services Auto All Other                               | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.95</b><br>6579            | <b>6509</b>  | <b>1.00</b><br>6579  | <b>6509</b>  |
| Bus Not Otherwise Classified                                 | <b>Factor</b><br>Code (Non-Fleet, Fleet) | <b>0.95</b><br>5879            | <b>5809</b>  | <b>1.00</b><br>5879  | <b>5809</b>  |

**Table 40.D.3.a. Taxicabs, Limousines and Buses**  
**b. Van Pools**

| Categories         |               | Liability        |             |             |             |
|--------------------|---------------|------------------|-------------|-------------|-------------|
|                    |               | Seating Capacity |             |             |             |
|                    |               | 1 - 8            | 9 - 20      | 21- 60      | Over 60     |
| Employer Furnished | <b>Factor</b> | <b>1.00</b>      | <b>1.05</b> | <b>1.10</b> | <b>1.50</b> |
|                    | Code          | 4111             | 4112        | 4113        | 4114        |
| All Other          | <b>Factor</b> | <b>1.10</b>      | <b>1.15</b> | <b>1.35</b> | <b>1.75</b> |
|                    | Code          | 4121             | 4122        | 4123        | 4124        |

| Categories         |               | Physical Damage  |             |             |             |
|--------------------|---------------|------------------|-------------|-------------|-------------|
|                    |               | Seating Capacity |             |             |             |
|                    |               | 1 - 8            | 9 - 20      | 21- 60      | Over 60     |
| Employer Furnished | <b>Factor</b> | <b>0.50</b>      | <b>0.45</b> | <b>0.40</b> | <b>0.35</b> |
|                    | Code          | 4111             | 4112        | 4113        | 4114        |
| All Other          | <b>Factor</b> | <b>0.65</b>      | <b>0.55</b> | <b>0.50</b> | <b>0.45</b> |
|                    | Code          | 4121             | 4122        | 4123        | 4124        |

**Table 40.D.3.b. Van Pools**

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**RULE 40.  
PUBLIC AUTO CLASSIFICATIONS (cont'd)**

Paragraph E. is replaced by the following:

**E. Secondary Classifications**

These classifications do not apply to taxicabs, limousines (except airport limousines), van pools and zone-rated autos. According to classification, combine the secondary factor in this section with the primary factor. Insert the code provided in the 4th digit of the classification code.

| Categories              |        | Liability        |        |        |         |
|-------------------------|--------|------------------|--------|--------|---------|
|                         |        | Seating Capacity |        |        |         |
|                         |        | 1 - 8            | 9 - 20 | 21- 60 | Over 60 |
| School and Church Buses | Factor | + 0.00           | + 0.10 | + 0.25 | + 0.50  |
|                         | Code   | ---1             | ---2   | ---3   | ---4    |
| Other Buses             | Factor | - 0.20           | - 0.15 | + 0.15 | + 0.40  |
|                         | Code   | ---1             | ---2   | ---3   | ---4    |

| Categories              |        | Physical Damage  |        |        |         |
|-------------------------|--------|------------------|--------|--------|---------|
|                         |        | Seating Capacity |        |        |         |
|                         |        | 1 - 8            | 9 - 20 | 21- 60 | Over 60 |
| School and Church Buses | Factor | + 0.00           | + 0.00 | + 0.00 | + 0.00  |
|                         | Code   | ---1             | ---2   | ---3   | ---4    |
| Other Buses             | Factor | + 0.00           | + 0.00 | + 0.00 | + 0.00  |
|                         | Code   | ---1             | ---2   | ---3   | ---4    |

For All Other not secondary rated use Code ---9.

**Table 40.E.Secondary Classifications**

Paragraph F. **Additional Coverages** is amended by the addition of the following:

To provide additional coverages for all territories (Subline Code 618), multiply the Specified Causes of Loss (Coverage Code 020) premium by the following factors:

| Coverage                         | Code | Factor |
|----------------------------------|------|--------|
| Fire Only                        | 011  | 0.35   |
| Fire and Theft Only              | 012  | 0.50   |
| Fire, Theft and Windstorm Only   | 031  | 0.80   |
| Limited Specified Causes of Loss | 021  | 0.90   |

For Stated Amount rating, refer to company.

**Table 40.F. Additional Coverages**

**RULE 42.  
GROSS RECEIPTS OR MILEAGE BASIS**

Paragraph D.1. is replaced by the following:

**D. Medical Payments**

- If the policy provides medical payments, compute the premium by multiplying the \$ 100,000 liability premium and minimum premium by the following factors:

|             | \$500 | \$1,000 | \$5,000 |
|-------------|-------|---------|---------|
| Limit Codes | (1)   | (3)     | (6)     |
|             | 0.021 | 0.024   | 0.032   |

**Table 42.D.1. Medical Payments**

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**RULE 49.  
AUTO DEALERS - PREMIUM DEVELOPMENT**

---

The following is added to Paragraph A:

Limited liability coverage is not applicable, See Paragraph B.

Paragraph B.1. is replaced by the following:

**B. Unlimited Liability Coverage For Customers**

1. Liability coverage must be extended to provide unlimited customer coverage. The rates/loss costs displayed in the state company/ISO pages are for unlimited liability coverage. No further adjustment is necessary.

Paragraph B.2. does not apply.

Paragraph E.3.a. is replaced by the following:

**E. Medical Payments**

**3. Auto Exposure, Garage Operations or Combined Garage Operations and Auto Exposure**

- a. Multiply the \$ 100,000 liability premium by the factors from the following:

For dealers medical payments with unlimited liability coverage, use the following table:

| Medical Payments Limit Per Person |              |                |                |                |
|-----------------------------------|--------------|----------------|----------------|----------------|
| Limit Codes                       | \$500<br>(1) | \$1,000<br>(3) | \$2,000<br>(4) | \$5,000<br>(6) |
| Auto                              | 0.020        | 0.024          | 0.027          | 0.036          |
| Gar Operations                    | 0.006        | 0.009          | 0.013          | 0.016          |
| Combined                          | 0.026        | 0.034          | 0.040          | 0.053          |

**The following is added to G. Physical Damage, 3.e.(5)Collision:**

- (a) **CA 25 02** if Collision is written on a Reporting Basis
- (b) **CL CA 25 05** if Collision Coverage is written on a Non-Reporting Basis.

---

**RULE 50.  
AUTO DEALERS - ADDITIONAL PROVISIONS**

---

Paragraph C. is amended by the addition of the following:

**6. Additional Insured - Grantor of Franchise - Use Additional Insured - Garages - Grantor of Franchise Endorsement - CA 20 49.**

Loss Cost: \$ 31.25 Flat Charge per additional insured.

**7. Additional Insured - Lessor of Leased Equipment**

Use Additional Insured - Lessor of Leased Equipment Endorsement CA 20 47.

Loss Cost: \$ 15.50 Flat Charge per additional insured.

**8. Basic Garage Policy Extension Endorsement**

- a. **Description:** 10 coverage extensions are made in this optional endorsement, as follows below:

- (1) Personal and Advertising Injury Liability Coverage (per limit scheduled in endorsement)
- (2) Garage Locations and Operations Medical Payments Coverage (\$2,000 Limit)
- (3) Host Liquor Liability Coverage
- (4) Fire Legal Liability Coverage (\$100,000 limit, unless higher limit is shown in the endorsement)

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**RULE 50.**

**AUTO DEALERS - ADDITIONAL PROVISIONS (cont'd)**

---

- (5) Incidental Medical Malpractice Liability Coverage
- (6) Non-Owned Watercraft Liability Coverage
- (7) Additional Persons Insured (Spouses)
- (8) Automatic Coverage -- Newly Acquired Garage Business (90 days)
- (9) Limited Worldwide Liability Coverage
- (10) Fellow Employee Liability Coverage

**b. Eligibility:** Any Auto Dealer

**c. Form:** Use endorsement **CL CA 00 03**.

**d. Premium:**

- (1) Dealers:  
5% - 15% of the Garage Liability and PIP final annual premiums, subject to a minimum annual premium of **\$150**. Premium is not subject to any credits or rating plans.

**9. Garage Policy Extension Endorsement, GR CA 60**

**a. Description:** 17 coverage extensions are made in this **optional** endorsement, as follows below:

- (1) Personal and Advertising Injury Liability Coverage (per limit scheduled in endorsement)
- (2) Garage Locations and Operations Medical Payments Coverage (\$2,000 Limit)
- (3) Host Liquor Liability Coverage
- (4) Fire Legal Liability Coverage (\$100,000 limit, unless higher limit is shown in the endorsement)
- (5) Incidental Medical Malpractice Liability Coverage
- (6) Non-Owned Watercraft Liability Coverage
- (7) Additional Persons Insured (Spouses)
- (8) Automatic Coverage -- Newly Acquired Garage Business (90 days)
- (9) Limited Worldwide Liability Coverage
- (10) Fellow Employee Liability Coverage
- (11) Title Errors and Omission Liability Coverage (\$300,000 maximum sub-limit)
- (12) Insurance Agents Errors and Omissions Coverage (\$300,000 maximum sub-limit)  
(Credit, Life, Health, Accident and Disability)
- (13) Truth-In-Lending Errors and Omissions Liability Coverage (\$300,000 maximum sub-limit)
- (14) Truth-In-Leasing Errors and Omissions Liability Coverage (\$300,000 maximum sub-limit)
- (15) Odometer Alteration Liability Coverage (\$300,000 maximum sub-limit)
- (16) False Pretense Coverage (\$50,000 for all loss caused by any one person or group of persons)
- (17) Economic Loss Coverage (caused by Collision)

**c. Eligibility:** Any Franchised Auto Dealer.

**b. Forms:** Use endorsement **GR CA 60**.

**d. Premium:** 10% of the Garage Liability, PIP and Dealers Physical Damage final annual premiums, subject to a minimum annual premium of **\$500**. Premium is not subject to any credits or rating plans.

**10. AUTOMOBILE DEALERS ERRORS AND OMISSIONS INSURANCE**

**a.** Coverage is on a claims-made basis.

**b.** Use endorsement **US 101**.

**c.** This optional coverage is available for the following types of Franchised Auto Dealers:

FRANCHISED PRIVATE PASSENGER VEHICLE DEALER  
FRANCHISED TRUCK DEALER  
FRANCHISED COMMERCIAL TRAILER DEALER  
EQUIPMENT & IMPLEMENT DEALER  
FRANCHISED RECREATIONAL VEHICLE DEALER

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**RULE 50.****AUTO DEALERS - ADDITIONAL PROVISIONS (cont'd)**

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**d. Premium Computation:**

The loss cost shall be a flat charge per part for this endorsement:

|          |                                                 | Loss Cost |
|----------|-------------------------------------------------|-----------|
| Part I   | Employee Benefit Programs                       | 125.00    |
| Part II  | Insurance Agents E & O (Life only)              | 62.50     |
| Part II  | Insurance Agents E & O (Life & Physical Damage) | 187.50    |
| Part III | Federal Odometer Statute - E & O Liability      | 31.25     |
| Part IV  | Title Errors & Omissions Liability              | 31.25     |
| Part V   | Truth in Leasing - E & O Liability              | 31.25     |
| Part VI  | Truth in Lending - E & O Liability              | 31.25     |

Coverages can be purchased together or separately. Premium is not subject to any credits or rating plans. Premium is subject to be pro-rated if written for a term of less than one year or more than one year.

**11. WEATHER-RELATED DEALERS PHYSICAL DAMAGE DEDUCTIBLES - GARAGE FORM**

Other Than Collision (OTC) coverage deductibles may be amended under Dealers' Physical Damage Coverage with respect to weather-related losses. Two deductible options are available: **\$500** or **\$1,000**.

Use endorsement **US CA 03**. This is a non-premium bearing endorsement.

**12. Abuse or Molestation Exclusion - Garage Operations - Other Than Covered Autos**

To exclude the actual or threatened abuse or molestation by anyone of any person while in the care, custody or control of any insured, attach **CL CA 25 06** - Abuse or Molestation Exclusion - Garage Operations - Other than Covered Autos.

---

**RULE 64.****AMBULANCE SERVICES (Class Code 7919)**

---

Paragraph **C.1.** is replaced by the following:

**C. Premium Computation (Class Code 7919)**

**1. Liability and No-Fault Coverages**

Multiply the trucks, tractors and trailers base premiums by 1.75.

Paragraph **C.2.b.** is replaced by the following:

**C. Premium Computation (Class Code 7919)**

**2. Physical Damage**

- b.** Multiply the trucks, trailers and semitrailers not used in dumping operations base premium by the following rating factors:

|                      |           |
|----------------------|-----------|
| Other Than Collision | Collision |
| 0.40                 | 0.60      |

**Table 64.C.2.b. Ambulance Services Physical Damage Factors**

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**RULE 66.**  
**ANTIQUE AUTOS (Class Code 9620)**

---

Paragraph **B.1.** is replaced by the following:

**B. Premium Computation**

**1. Liability And Basic No-Fault Coverages**

Multiply the private passenger type rates by .14 regardless of the type of auto.

---

**RULE 68.**  
**DRIVER TRAINING PROGRAMS (EDUCATIONAL INSTITUTIONS AND COMMERCIAL DRIVING SCHOOLS) AND AUTO REPAIR TRAINING**

---

Paragraph **A.2.** is replaced by the following:

**A. Driver Training Programs - Educational Institutions (Class Code 7926)**

**2. Premium Computation**

**a. Liability, Basic No-Fault And Collision Coverages**

(1) For autos equipped with dual controls, multiply the private passenger type rates by .50.  
There must be dual brakes to qualify as dual control.

(2) For autos not equipped with dual controls, multiply the private passenger type rates by 1.00.

**b. Other Than Collision**

Multiply the private passenger type rates by .85.

**c. All Other Coverages**

Charge private passenger type rates.

Paragraph **B.2.a.(1)** is replaced by the following:

**B. Commercial Driving Schools (Class Code 7927)**

**2. Premium Computation**

**a. Owned Private Passenger Auto**

(1) For liability and basic no-fault coverages:

(a) For autos equipped with dual controls, charge the private passenger type rates.  
There must be dual brakes to qualify as dual control.

(b) For autos not equipped with dual controls, multiply the private passenger type rates by 2.00.

(2) For collision coverage:

(a) For autos equipped with dual controls, multiply the private passenger type rates by .75.  
There must be dual brakes to qualify as dual control.

(b) For autos not equipped with dual controls, multiply the private passenger type rates by 1.50.

(3) For all other coverages, charge private passenger type rates.

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**RULE 69.**  
**DRIVE-AWAY CONTRACTORS (Class Code 7923)**

---

Paragraph **B.1.a.** is replaced by the following:

**B. Premium Computation**

**1. Liability**

- a.** For each set of registration plates not issued for attachment to a specific auto, multiply the private passenger types premium in the highest rated territory in which or through which each auto is driven by 1.50.

---

**RULE 71.**  
**FIRE DEPARTMENTS**

---

Paragraphs **B.1.** And **B.3.** are replaced by the following:

**B. Premium Computation**

**1. Private Passenger Autos (Class Code 7908)**

- a.** For liability and basic no-fault coverages, multiply the private passenger type rates by .80.
- b.** For physical damage, multiply the private passenger type rates by the following factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.40                 | 0.45      |

**Table 71.B.1.b. Fire Departments Physical Damage Factors**

**3. All Other Types (Class Code 7909)**

**a. Liability And Basic No-Fault Coverages**

Multiply the trucks, tractors and trailers base premium by 0.90.

**b. Physical Damage**

(1) Determine the age group and original cost new.

(2) Multiply the trucks, trailers and semitrailers not used in dumping operations base premium by the following rating factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.35                 | 0.35      |

**Table 71.B.3.b. Fire Departments Physical Damage Factors**

---

**RULE 72.**  
**FUNERAL DIRECTORS**

---

Paragraphs **B.1.b.** and **B.2.** are replaced by the following:

**B. Premium Computations**

**1. Limousines (Class Code 7915)**

- a.** For liability, medical payments and basic no fault coverages, multiply the private passenger types rates by 0.70.
- b.** For physical damage, multiply the private passenger type rates by .60.

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**RULE 72.**  
**FUNERAL DIRECTORS (cont'd)**

---

**2. Hearses And Flower Cars (Class Code 7922)**

- a. For liability, medical payments and basic no-fault coverages, multiply the trucks, tractors or trailers base premiums by .55.
- b. For physical damage, multiply the trucks, trailers and semitrailers not used in dumping operations base premium by the following factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.50                 | 0.45      |

**Table 72.B.2.b. Funeral Directors Physical Damage Factors**

---

**RULE 74.**  
**LAW ENFORCEMENT AGENCIES**

---

Paragraphs **B.1.** and **B.4.b.** are replaced by the following:

**B. Premium Computation**

**1. Private Passenger Autos (Class Code 7911)**

**a. Liability And Basic No-Fault Coverages**

Multiply private passenger type rates by 1.15.

**b. Physical Damage**

Multiply private passenger types rates by the following factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.90                 | 1.00      |

**Table 74.B.1.b. Law Enforcement Agencies Physical Damage Factors**

**4. All Other Types (Class Code 7912)**

**a. Liability And Basic No-Fault Coverages**

Multiply trucks, tractors and trailers base premiums by 1.40.

**b. Physical Damage**

(1) Determine the age group and original cost new.

(2) Multiply the trucks, trailers and semitrailers not used in dumping operations base premium by the following rating factors:

| Other Than Collision | Collision |
|----------------------|-----------|
| 0.90                 | 0.90      |

**Table 74.B.4.b.(2) Law Enforcement Agencies Physical Damage Factors**

---

**RULE 75.**  
**LEASING OR RENTAL CONCERNS**

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Paragraphs **B.1.b.(1)**, **B.1.b.(2)(a)**, and **B.1.b.(3)** are replaced by the following:

**B. Premium Computation**

**1. Specified Car Basis**



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**RULE 75.**  
**LEASING OR RENTAL CONCERNS (cont'd)**

**b. Short Term - Autos Rented By The Hour, Day Or Week**

**(1) Trucks, Tractors And Trailers**

Multiply the trucks, tractors and trailers base premiums by the following factors:

| Vehicle Type                                 | Class Code | Liability | Physical Damage |
|----------------------------------------------|------------|-----------|-----------------|
| Trucks                                       | 7211       | 2.50      | 4.30            |
| Tractors                                     | 7212       | 2.75      | 4.30            |
| Trailers, Semitrailers<br>& Service Trailers | 7213       | 0.10      | 0.20            |

**Table 75.B.1.b.(1) Truck, Tractor And Trailer Factors**

**(2) Private Passenger Autos (Class Code 7214)**

(a) For liability, multiply the private passenger rates by 3.50.

**(3) Special Types (Class Code 7216)**

(a) For motorcycles, motorbikes and other similar motor vehicles, multiply the rates developed in Rule 77. by the following factors:

| Coverage        | Factor |
|-----------------|--------|
| Liability       | 3.00   |
| Physical Damage | 5.00   |

**Table 75.B.1.b.(3)(a) Motorcycle Factors**

(b) For snowmobiles and other similar vehicles designed for travel over ice and snow and used primarily off public roads, multiply the rates developed in Rule 80. by the following factors:

| Coverage        | Factor |
|-----------------|--------|
| Liability       | 3.00   |
| Physical Damage | 4.00   |

**Table 75.B.1.b.(3)(b) Snowmobile Factors**

**RULE 77.**  
**MOTORCYCLES (Class Code 7942)**

Paragraph B.4.c. is replaced by the following:

**B. Premium Computation**

**4. Physical Damage**

c. For Collision, based on the original cost new of the motorcycle, multiply the premium shown for the private passenger types lowest original cost new price bracket by the following factors:

| Original Cost New | Factor |
|-------------------|--------|
| \$ 0 - 4,500      | 0.50   |
| 4,501 - 6,000     | 0.59   |
| 6,001 - 8,000     | 0.72   |
| 8,001 - 10,000    | 0.83   |
| 10,001 - 15,000   | 0.90   |
| 15,001 - 20,000   | 1.00   |
| Over 20,000       | 1.12   |

**Table 77.B.4.c. Motorcycle Collision Factors**

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**RULE 78.**  
**REGISTRATION PLATES NOT ISSUED FOR A SPECIFIC AUTO (Class Code 7929)**

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Paragraph **B.1.** is replaced by the following:

**B. Premium Computation**

1. Multiply the private passenger type rates by 1.50 for each set of plates.

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**RULE 79.**  
**REPOSSESSED AUTOS**

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- B. 1. d.** The minimum premium is **\$20** at bodily injury and property damage \$25,000 limit.

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**RULE 81**  
**MOBILE OR FARM EQUIPMENT**

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Paragraph **D.2. Rental Period Basis** does not apply.

Paragraph **B. Endorsements** is changed to add the following:

4. To provide automatic coverage for Liability, No-fault (where required by law) and Uninsured Motorists (where required by law) for vehicles described in Paragraphs **A.1.a.** through **A.1.f.** and Paragraph **A.2.** above that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged, attach **CL CA 20 10, Coverage For Certain Land Vehicles**. Premium charge for this endorsement is **\$100** Flat Charge. This charge is not subject to adjustment on audit or cancellation of the policy
5. If the General Liability coverage for the insured is being written by an insurance carrier using ISO GL coverage forms whose edition dates are prior to December 2004, attach **CL CA 20 11, Auto And Mobile Equipment Re-Defined**, to keep the definitions of both "auto" and "mobile equipment" in sync between the Auto and General Liability Coverage Forms.
  - a. Adjust the Schedule of Covered "Autos" accordingly to remove vehicles described in Paragraphs **A.1.a.** through **A.1.f.** and Paragraph **A.2. above** that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
  - b. For any Mobile Equipment described in Paragraphs **A.1.a.** through **A.1.f.** and **A.2.** above which is to be added as a covered "auto", Mobile Equipment Endorsement **CA 20 15** may be used. However, Liability Coverage does not apply to injury or damage resulting from the operation of any machinery that is on, attached to or part of any of those vehicles.
6. To re-define "Autos" and "Mobile Equipment", with respect to Physical Damage coverage only, for vehicles described in Paragraphs **A.1.a.** through **A.1.f.** and Paragraph **A.2.** above that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged, attach **CL CA 20 12, Auto and Mobile Equipment Redefined Physical Damage Only** Refer to Inland Marine forms, endorsements and rules for physical damage coverage for such vehicles (including rented or leased equipment).

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**RULE 88.**  
**DRIVE OTHER CAR COVERAGE (Class Code 9020)**

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Paragraph **B.** is replaced by the following:

- B.** Except for an individual named insured who is an auto dealer garage risk or an individual named insured who owns a private passenger auto, use Driver Other Car Coverage -- Broadened Coverage For Named Individuals Endorsement **CA 99 10**.
1. For Liability and Medical Payment Coverages:
    - a. Multiply the base private passenger type loss cost for the desired coverage in the state company rates/ISO loss costs by 0.10.

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**RULE 88.  
DRIVE OTHER CAR COVERAGE (Class Code 9020) (cont'd)**

- b. For increased limits, refer to the All Other Risks factors in Rule 100.
  - c. Primary and secondary rating factors do not apply.
2. For Physical Damage Coverages:
- a. Multiply the desired physical damage coverage base private passenger type loss cost in the state company rates/ISO loss costs by 0.10.
  - b. Age, original cost new and deductible factors do not apply.
  - c. Primary and secondary factors do not apply.
3. For Uninsured and Underinsured Motorists Coverages:
- Multiply the state company rate/ISO loss cost provided in Rule 97. for private passenger types by 0.10.

**RULE 90.  
HIRED AUTOS**

The following replaces section C.2.c.:

2. **Premium computation (Hired Automobile Physical Damage Minimum Premium is \$ 75)**

- c. Loss Costs per each \$ 100 estimated annual cost of hire:

| Comprehensive       |                     |  | Loss Cost<br>Each \$100<br>Annual Cost<br>of Hire |
|---------------------|---------------------|--|---------------------------------------------------|
| Full coverage       | (Coverage Code 001) |  | .24                                               |
| \$ 50 Deductible    | (Coverage Code 003) |  | .23                                               |
| \$ 100 Deductible   | (Coverage Code 010) |  | .22                                               |
| \$ 250 Deductible   | (Coverage Code 055) |  | .21                                               |
| \$ 500 Deductible   | (Coverage Code 726) |  | .20                                               |
| \$ 1,000 Deductible | (Coverage Code 727) |  | .19                                               |
| \$ 2,000 Deductible | (Coverage Code 069) |  | .16                                               |
| \$ 2,500 Deductible | (Coverage Code 069) |  | .14                                               |
| \$ 3,000 Deductible | (Coverage Code 069) |  | .11                                               |
| \$ 4,000 Deductible | (Coverage Code 069) |  | .07                                               |
| \$ 5,000 Deductible | (Coverage Code 069) |  | .03                                               |

| Specified Causes of Loss |                     |      |
|--------------------------|---------------------|------|
| Full Coverage            | (Coverage Code 020) | 0.11 |

| Collision           |                     |  | Loss Cost<br>Each \$100<br>Annual Cost<br>of Hire |
|---------------------|---------------------|--|---------------------------------------------------|
| \$ 100 Deductible   | (Coverage Code 074) |  | .24                                               |
| \$ 250 Deductible   | (Coverage Code 076) |  | .23                                               |
| \$ 500 Deductible   | (Coverage Code 077) |  | .21                                               |
| \$ 1,000 Deductible | (Coverage Code 078) |  | .20                                               |
| \$ 2,000 Deductible | (Coverage Code 099) |  | .18                                               |
| \$ 2,500 Deductible | (Coverage Code 099) |  | .16                                               |
| \$ 3,000 Deductible | (Coverage Code 099) |  | .14                                               |
| \$ 4,000 Deductible | (Coverage Code 099) |  | .11                                               |
| \$ 5,000 Deductible | (Coverage Code 099) |  | .09                                               |

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**RULE 93.  
NO-FAULT COVERAGES**

---

This rule is replaced by the following:

**A. Application**

Medical Expenses, Work Loss and Accidental Death Benefit coverages must be made available to the named insured on any auto policy, with respect to any auto described in Paragraphs 1., 2. and 3. Use Arkansas Personal Injury Protection Endorsement CA 22 02.

1. The private passenger type auto not as a public or livery conveyance.
2. A pickup, panel truck or sedan delivery not customarily used for business purposes.
3. A motorcycle, motorscooter, motorbike or similar auto not used as a public or livery conveyance.

The named insured shall have the right to reject in writing any one or more of these coverages. After a named insured or applicant for insurance rejects this coverage, the insurer or any of its affiliates shall not be required to notify any insured in any renewal, reinstatement, substitute, amended or replacement policy as to the availability of such coverage.

**B. Premium Development**

1. For accidental death benefits (Class Code 9263), charge the rates shown in the state company rates/ISO loss costs.
2. For work loss coverage (Class Code 9264), charge the rates shown in the state company rates/ISO loss costs.
3. If both accidental death benefits and work loss coverage are provided use Class Code 9265.
4. For medical expenses coverage at a limit up to \$ 5,000, charge rates shown in the state company rates/ISO loss costs tables listed under "medical payments" or as determined by the division rules.

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**RULE 97.  
UNINSURED MOTORISTS INSURANCE**

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**B. Premium Development For Private Passenger Types, Other than Private Passenger Types and Garage Risks**

Compute the charges for limits not shown by interpolation. Refer to the company for limits higher than provided.

**1. Single Limits - Basic and Increased Limits**

**a. Uninsured (includes Underinsured) Motorists Coverage - Individual or Married Couple**

To compute the premium, charge the rates shown in Paragraph B.1.a. of the state company rates/ISO loss costs.

**b. Uninsured (Includes Underinsured) Motorists Coverage - Other than Individual or Married Couple (Including Underinsured Motorists Insurance)**

To compute the premium, charge the rates shown in Paragraph B.1.b. of the state company rates/ISO loss costs.

**2. Split Limits - Basic and Increased Limits**

**a. Uninsured (includes Underinsured) Motorists Coverage - Individual or Married Couple**

To compute the premium, charge the rates shown in Paragraph B.2.a. of the state company rates/ISO loss costs. The initial limit provided is the minimum financial responsibility limit required in Arkansas.

**b. Uninsured (Includes Underinsured) Motorists Coverage - Other than Individual or Married Couple (Including Underinsured Motorists Insurance)**

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**RULE 97.  
UNINSURED MOTORISTS INSURANCE (cont'd)**

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To compute the premium, charge the rates shown in Paragraph B.2.b. of the state company rates/ISO loss costs. The initial limit provided is the minimum financial responsibility limit required in Arkansas.

**3. Property Damage**

The rates shown in the state company rates/ISO loss costs for property damage liability subject to a \$ 200 deductible.

**C. Trailers**

Do not charge an uninsured motorists premium for trailers when power units designed to tow such trailers are insured for uninsured motorists insurance on the same coverage form.

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**RULE 98.  
DEDUCTIBLE INSURANCE**

---

Paragraph **B.** is replaced by the following:

**B. Physical Damage Coverages**

For deductibles not shown in the state company rates/ISO loss costs, compute the premiums as follows:

**1. Private Passenger Types, Trucks, Tractors and Trailers, Garages and All Autos Except Zone-Rated Risks**

**a. Computation Procedures**

- (1) Determine the base deductible rate (\$ 15,001 - 20,0000 original cost new) from the state company rates/ISO loss costs.
- (2) Use Rule 101. To determine the factor for the age group of the auto being rated (For stated amount rating, use age group 1).
- (3) Multiply the base deductible rate by the age group factor.
- (4) Multiply the result by the appropriate factor for the deductible desired.
- (5) Subtract the result from the base deductible rate for the original cost new and age group that applies to the auto being rated (For stated amount rating, use the stated amount premium developed in **Rule 101.**).

Alternatively, the following equation will give the appropriate loss cost for every desired deductible (except for stated amount rating):

Rate x Age factor from Rule 101. X (Original Cost New factor - deductible factor from Rule 98).

- (6) Deductible factors do not apply if the deductible factor is greater than the Original Cost New factor.

**b. Deductible Factors**

**(1) Comprehensive**

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**RULE 98.**

**DEDUCTIBLE INSURANCE (Continued)**

**(a) Private Passenger Types**

| Deductible<br>Amount | Coverage<br>Code | Factor |
|----------------------|------------------|--------|
| Full                 | 001              | -0.050 |
| \$100                | 010              | 0.050  |
| 250                  | 055              | 0.180  |
| 500                  | 726              | 0.340  |
| 1,000                | 727              | 0.540  |
| 2,000                | 069              | 0.670  |
| 3,000                | 069              | 0.740  |
| 5,000                | 069              | 0.810  |

**Table 98.B.1.a.(4) Private Passenger Types  
 Comprehensive Deductible Factors**

**(b) Trucks, Tractors and All Autos except Zone-Rated Risks and Garages**

| Deductible<br>Amount | Coverage<br>Code | Factor |
|----------------------|------------------|--------|
| \$50                 | 003              | 0.0450 |
| \$100                | 010              | 0.0900 |
| 250                  | 055              | 0.2000 |
| 500                  | 726              | 0.3100 |
| 1,000                | 727              | 0.4500 |
| 2,000                | 069              | 0.5500 |
| 3,000                | 069              | 0.6100 |
| 5,000                | 069              | 0.6700 |

**Table 98.B.1.b.(1)(b) Trucks, Tractors and Trailers and All Autos except Zone-Rated Risks  
 Comprehensive Deductible Factors**

**(c) Garages**

- (1) \$ 1,000 per car/\$ 5,000 per occurrence (Cov. Code 203) - multiply the \$ 100 per car/\$ 500 per occurrence rate by 0.67.
- (2) \$ 2,500 per car/\$12,500 per occurrence (Cov. Code 203) - multiply the \$ 100 per car/\$ 500 per occurrence rate by 0.57.
- (4) \$ 5,000 per car/\$25,000 per occurrence (Cov. Code 069) - multiply the \$ 100 per car/\$ 500 per occurrence rate by 0.49.

**(2) Collision**

**(a) Private Passenger Types**

| Deductible<br>Amount | Coverage<br>Code | Factor |
|----------------------|------------------|--------|
| \$50                 | 072              | -0.060 |
| \$200                | 073              | 0.035  |
| 250                  | 076              | 0.050  |
| 500                  | 077              | 0.130  |
| 1,000                | 078              | 0.260  |
| 2,000                | 099              | 0.440  |
| 3,000                | 099              | 0.560  |
| 5,000                | 099              | 0.710  |

**Table 98.B.1.b.(2)(a) Private Passenger Types Collision Deductible Factors**

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**RULE 98.**

**DEDUCTIBLE INSURANCE (Continued)**

**(b) Trucks, Tractors and Trailers and All Autos Except Zone-Rated Risks**

| <b>Deductible<br/>Amount</b> | <b>Coverage<br/>Code</b> | <b>Factor</b> |
|------------------------------|--------------------------|---------------|
| \$50                         | 072                      | -0.046        |
| 250                          | 076                      | 0.043         |
| 500                          | 077                      | 0.110         |
| 1,000                        | 078                      | 0.260         |
| 2,000                        | 099                      | 0.410         |
| 3,000                        | 099                      | 0.520         |
| 5,000                        | 099                      | 0.660         |

**Table 98.B.1.b.(2)(b) Trucks, Tractors and Trailers and All Autos except Zone-Rated Risks  
Collision Deductible Factors**

**2. Zone-Rated Risks**

**a. Computation Procedures**

- (1) Determine the \$ 4,000 - 6,000 other than collision rate from the state rates/ISO loss costs. same age group as the auto being rated.
- (2) Multiply that rate by the applicable factor for the deductible desired.
- (3) Subtract the result from the other than collision rate for the original cost new and age group that applies to the auto being rated.
- (4) For Comprehensive coverage, \$ 1,000, \$ 2,000 and \$ 3,000 deductibles do not apply to autos with an original cost new less than \$ 8,000.
- (5) For Collision coverage, \$2,000 and \$3,000 deductibles do not apply to autos with an original cost new less than \$ 8,000.

**b. Deductible Factors**

**(1) Comprehensive**

| <b>Deductible<br/>Amount</b> | <b>Coverage<br/>Code</b> | <b>Factor</b> |
|------------------------------|--------------------------|---------------|
| \$50                         | 003                      | 0.07          |
| 100                          | 010                      | 0.15          |
| 250                          | 055                      | 0.30          |
| 500                          | 726                      | 0.45          |
| 1,000                        | 727                      | 0.60          |
| 2,000                        | 069                      | 0.85          |
| 3,000                        | 069                      | 1.00          |

**Table 98.B.2.b.(1) Zone-Rated Risks  
Comprehensive Deductible Factors**

**(2) Collision**

| <b>Deductible<br/>Amount</b> | <b>Coverage<br/>Code</b> | <b>Factor</b> |
|------------------------------|--------------------------|---------------|
| \$50                         | 072                      | -0.10         |
| 250                          | 076                      | 0.05          |
| 500                          | 077                      | 0.14          |
| 1,000                        | 078                      | 0.40          |
| 2,000                        | 099                      | 0.80          |
| 2,500                        | 099                      | 0.90          |
| 3,000                        | 099                      | 1.00          |

**Table 98.B.2.b.(2) - Zone-Rated Risks Collision Deductible Factors**

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**RULE 98.**

**DEDUCTIBLE INSURANCE (Continued)**

**c. Garage Blanket Collision**

- a. For \$ 500 Deductible (Cov. Code 077), multiply the \$250 deductible collision premium by .65.
- b. For \$1,000 Deductible (Cov. Code 078), multiply the \$250 deductible collision premium by .45.
- c. For \$2,500 Deductible (Cov. Code 099), multiply the \$250 deductible collision premium by .30.
- d. For \$5,000 Deductible (Cov. Code 099), multiply the \$250 deductible collision premium by .25.

**RULE 100.**

**INCREASED LIABILITY LIMITS**

Paragraph **B.** is amended by the addition of the following:

**Table 100.B. Increased Liability Limits**

| Combined<br>Single<br>Limit Of<br>Liability<br>(000's) | Limit<br>Codes | 1.<br><br>Light<br>And<br>Medium<br>Trucks | 2.<br><br>Heavy<br>Trucks<br>And<br>Truck-<br>Tractors | 3.<br><br>Extra-<br>Heavy<br>Trucks<br>And<br>Truck-<br>Tractors | 4.<br><br>Trucks,<br>Tractors,<br>And<br>Trailers<br>Zone-Rated | 5.<br><br>All<br>Other<br>Risks |
|--------------------------------------------------------|----------------|--------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|
| 25                                                     | 05             | 0.71                                       | 0.71                                                   | 0.69                                                             | 0.69                                                            | 0.71                            |
| 75                                                     | 09             | 0.95                                       | 0.94                                                   | 0.93                                                             | 0.93                                                            | 0.94                            |
| 100                                                    | 10             | 1.00                                       | 1.00                                                   | 1.00                                                             | 1.00                                                            | 1.00                            |
| 125                                                    | 11             | 1.04                                       | 1.05                                                   | 1.06                                                             | 1.05                                                            | 1.05                            |
| 150                                                    | 11             | 1.08                                       | 1.10                                                   | 1.11                                                             | 1.10                                                            | 1.09                            |
| 200                                                    | 12             | 1.14                                       | 1.18                                                   | 1.20                                                             | 1.18                                                            | 1.16                            |
| 250                                                    | 13             | 0.19                                       | 1.24                                                   | 1.27                                                             | 1.25                                                            | 1.22                            |
| 300                                                    | 14             | 1.24                                       | 1.30                                                   | 1.33                                                             | 1.32                                                            | 1.27                            |
| 350                                                    | 15             | 1.28                                       | 1.34                                                   | 1.38                                                             | 1.38                                                            | 1.31                            |
| 400                                                    | 15             | 1.31                                       | 1.39                                                   | 1.43                                                             | 1.43                                                            | 1.35                            |
| 500                                                    | 16             | 1.37                                       | 1.46                                                   | 1.52                                                             | 1.53                                                            | 1.40                            |
| 600                                                    | 17             | 1.42                                       | 1.52                                                   | 1.60                                                             | 1.62                                                            | 1.45                            |
| 750                                                    | 17             | 1.48                                       | 1.61                                                   | 1.70                                                             | 1.72                                                            | 1.51                            |
| 1,000                                                  | 18             | 1.55                                       | 1.72                                                   | 1.85                                                             | 1.87                                                            | 1.59                            |
| 1,500                                                  | 19             | 1.66                                       | 1.91                                                   | 2.08                                                             | 2.07                                                            | 1.72                            |
| 2,000                                                  | 20             | 1.74                                       | 2.05                                                   | 2.24                                                             | 2.23                                                            | 1.83                            |
| 2,500                                                  | 21             | 1.80                                       | 2.15                                                   | 2.37                                                             | 2.37                                                            | 1.91                            |
| 3,000                                                  | 22             | 1.86                                       | 2.24                                                   | 2.46                                                             | 2.49                                                            | 1.97                            |
| 5,000                                                  | 23             | 2.03                                       | 2.46                                                   | 2.76                                                             | 2.86                                                            | 2.14                            |
| 7,500                                                  | 24             | 2.15                                       | 2.67                                                   | 3.08                                                             | 3.18                                                            | 2.28                            |
| 10,000                                                 | 25             | 2.22                                       | 2.87                                                   | 3.36                                                             | 3.43                                                            | 2.40                            |



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**RULE 101.  
PHYSICAL DAMAGE COVERAGE RATING PROCEDURES**

Paragraph A.4 is replaced by the following:

**A. Actual Cash Value Premiums**

**4. Premium Computation**

**a. Base Premium Development**

The physical damage loss costs displayed in the state company/ISO loss costs do include the application of the following factors necessary to reflect the applicable original cost new and age group. The factors are shown for calculation of deductibles not on the rate pages.

- Multiply the base rate for the desired physical damage coverage, by the Original Cost New factor
- Multiply the result by the appropriate Age Group factor
- For truck-tractors and all other vehicles used in dumping operations, multiply the collision premium by 1.25.

**(1) Trucks, Tractors and Trailors and Public Autos**

**(a) Original Cost New Factors**

| Price Range        | Comprehensive and Specified Causes of Loss | Collision |
|--------------------|--------------------------------------------|-----------|
| \$ 0 - 4,500       | 0.40                                       | 0.36      |
| \$ 4,501 - 6,000   | 0.50                                       | 0.46      |
| \$ 6,001 - 8,000   | 0.62                                       | 0.62      |
| \$ 8,001 - 10,000  | 0.76                                       | 0.75      |
| \$ 10,001 - 15,000 | 0.90                                       | 0.86      |
| \$ 15,001 - 20,000 | 1.00                                       | 1.00      |
| \$ 20,001 - 25,000 | 1.10                                       | 1.06      |
| \$ 25,001 - 40,000 | 1.20                                       | 1.27      |
| \$ 40,001 - 65,000 | 1.36                                       | 1.82      |
| \$ 65,001 - 90,000 | 1.60                                       | 2.18      |
| Over \$ 90,000     | 2.00                                       | 2.55      |

**Table 10.A.4.a.(1)(a) Original Cost New Factors**

**(b) Age Group Factors**

| Age Group | Comprehensive and Specified Causes of Loss | Collision |
|-----------|--------------------------------------------|-----------|
| 1         | 1.00                                       | 1.00      |
| 2         | 1.00                                       | 1.00      |
| 3         | 1.00                                       | 1.00      |
| 4         | 0.90                                       | 0.85      |
| 5         | 0.85                                       | 0.75      |
| 6         | 0.70                                       | 0.65      |

**Table 101.A.4.a.(1)(b) Age Group Factors**

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**RULE 101.  
PHYSICAL DAMAGE COVERAGE RATING PROCEDURES (cont'd)**

**(2) Private Passenger Types**

**(a) Original Cost New Factors**

| Price Range        | Comprehensive and Specified Causes of Loss | Collision |
|--------------------|--------------------------------------------|-----------|
| \$ 0 - 4,500       | 0.29                                       | 0.50      |
| \$ 4,501 - 6,000   | 0.43                                       | 0.60      |
| \$ 6,001 - 8,000   | 0.57                                       | 0.75      |
| \$ 8,001 - 10,000  | 0.71                                       | 0.85      |
| \$ 10,001 - 15,000 | 0.86                                       | 0.90      |
| \$ 15,001 - 20,000 | 1.00                                       | 1.00      |
| \$ 20,001 - 25,000 | 1.14                                       | 1.25      |
| \$ 25,001 - 40,000 | 1.43                                       | 1.50      |
| \$ 40,001 - 65,000 | 2.00                                       | 1.75      |
| \$ 65,001 - 90,000 | 2.86                                       | 2.00      |
| E/A 1,000 over 90  | 0.025                                      | 0.01      |

For autos with an original cost new in excess of \$ 90,000:  
 (i) Subtract 90,000 from the original cost new.  
 (ii) Divide the result by 1,000  
 (iv) Add the result to the appropriate \$ 65,001 - 90,000 factor.

**Table 10.A.4.a(2)(a) Original Cost New Factors**

**(b) Age Group Factors**

| Age Group | Comprehensive and Specified Causes of Loss | Collision |
|-----------|--------------------------------------------|-----------|
| 1         | 1.00                                       | 1.00      |
| 2         | 1.00                                       | 1.00      |
| 3         | 1.00                                       | 1.00      |
| 4         | 0.90                                       | 0.80      |
| 5         | 0.90                                       | 0.80      |
| 6         | 0.65                                       | 0.60      |

**Table 101.A.4.a.(2)(b) Age Group Factors**

**(3) Garages**

Non-franchised dealers should apply a factor of 1.10 to the physical damage premium.

**b. Deductibles**

For deductibles not shown in the state company rates/ISO loss costs, refer to Rule 98.

Paragraph **B.** is replaced by the following:

**B. Stated Amount Basis**

For those autos which may be written on a stated amount basis, use Stated Amount Insurance Endorsement CA 99 28. Determine the premium as follows:

1. Multiply the rate for the desired physical damage coverage in the state company rates/ISO loss costs by the appropriate factor in the following table:

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COMMERCIAL LINES MANUAL  
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**RULE 101.  
PHYSICAL DAMAGE COVERAGE RATING PROCEDURES (cont'd)**

| Stated Amount<br><br>Vehicle Value<br>Range | Comprehensive                     |                               | Collision                         |                               |
|---------------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------------|
|                                             | Trucks,<br>Tractors &<br>Trailers | Private<br>Passenger<br>Types | Trucks,<br>Tractors &<br>Trailers | Private<br>Passenger<br>Types |
| \$ 1 - 10,000                               | .009                              | .008                          | .009                              | .010                          |
| \$ 10,000 - 15,000                          | .007                              | .007                          | .007                              | .007                          |
| \$ 15,001 - 20,000                          | .006                              | .006                          | .006                              | .006                          |
| \$ 20,001 - 25,000                          | .005                              | .005                          | .005                              | .006                          |
| \$ 25,001 - 40,000                          | .004                              | .004                          | .004                              | .005                          |
| \$ 40,001 - 65,000                          | .003                              | .004                          | .003                              | .003                          |
| \$ 65,001 - 90,000                          | .002                              | .004                          | .003                              | .003                          |
| Over \$ 90,000                              | .002                              | .004                          | .002                              | .003                          |

**Table 101.B.1. Stated Amount Basis Factors**

2. Divide the actual Stated Amount Value by 100.
3. Multiply the results of Paragraphs 1. And 2.
4. Multiply by the combined rating factor and fleet factor, as appropriate.
5. Code all stated amount rated autos as Age Group 1.
6. For deductibles not shown in the state company rates/ISO loss costs, refer to Rule 98.

**RULE 107.  
FELLOW EMPLOYEE COVERAGE - CLASS CODE 9908**

**C. Premium Determination**

1. Blanket Basis - Compute the final modified liability premium for the Auto, Garage, Motor Carrier or Truckers coverage. Apply a factor of 3% - 7% to calculate the premium.
2. Designated Employees / Positions Basis - Use a loss cost of \$ 12.50 per individual basic limit rate. Apply governing Increased Limit Factor.

**RULE 112.  
FUNGI OR BACTERIA LIABILITY**

**A. Application, Paragraph 1. is replaced by the following:**

1. Liability arising out of fungi or bacteria on or within a building or structure, including its contents, may be excluded by attaching Fungi or Bacteria Exclusion - Garage Operations - Other Than Covered Autos Endorsement, **CL CA 25 04**.

**RULE 113.  
SILICA OR SILICA-RELATED DUST LIABILITY**

**Rule 113. is replaced by the following:**

Liability arising out of silica or silica-related dust exposure may be excluded by the use of the following optional endorsements:

1. Use Silica Exclusion, **CL CA 01 05**, with the Business Auto, Motor Carrier and Truckers Coverage Forms to exclude Silica exposure for covered autos.
2. Use Silica Exclusion, **CL CA 01 05**, with the Garage Coverage Form to exclude the Silica exposure for Garage Operations - Covered Autos, and for Garage Operations - Other than Covered Autos.

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**COMPANY RULES AND EXCEPTIONS**

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**ADDITIONAL RULES**

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**LOSS COST MULTIPLIERS**

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| <b>LIABILITY</b>                          | <b>Cont West</b> | <b>Union</b> | <b>Acadia</b> |
|-------------------------------------------|------------------|--------------|---------------|
| All Other Commercial Automobile Liability | 1.61             | 1.45         | 1.00          |
| Garage                                    | 1.61             | 1.45         | 0.80          |
| <b>PHYSICAL DAMAGE</b>                    |                  |              |               |
| All Other Commercial Automobiles          | 2.62             | 2.36         | 1.00          |
| Garage                                    | 2.76             | 2.48         | 1.36          |

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**WAIVER OF COLLISION DEDUCTIBLE -- ATTACHED AUTOS**

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- 1. Description**  
If both a trailer and the power unit to which it is attached sustain damage in a single collision "loss", the lowest of the applicable collision deductibles may be waived by attachment of the appropriate endorsement provided that both are covered "autos" for Collision Coverage that applies to that "loss" and both are scheduled in the endorsement.
- 2. Eligibility**  
Any policy which provides Collision Coverage to any trailer, semi-trailer, service or utility trailer.
- 3. Form**  
Use endorsement **AI CA 09**, Waiver Of Deductible -- Attached Autos, and describe the "autos" to which the endorsement applies.
- 4. Premium Charge**  
Charge 5% of the otherwise applicable Collision premium for the trailers and power units scheduled in the endorsement.

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**TOWING OPERATOR'S AMENDATORY ENDORSEMENT**

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- A.** Form **GR CA 67** may be attached to the Garage Coverage Form to provide the insured for loss of use due to the disablement of covered tow trucks. Also, Garagekeepers Coverage is amended to primary insurance.
- B. Premium Determination**  
  
A flat charge premium is made equivalent to the daily reimbursement limit(s) entered in the schedule under Section A.

Example - \$ 500 per day for Light/Medium Vehicles ( 0 - 20,000 GVW)  
\$ 500 per day for Heavy Vehicles ( 20,001 - 45,000 GVW)  
\$ 1,500 per day for Extra Heavy Vehicles (Over 45,000 GVW)  
The annual total flat charge premium is \$ 2,000.

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**DRIVER EXCLUSION**

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- A.** The purpose of this exclusion is to enable coverage to be offered on those accounts which have certain undesirable drivers. Based upon the motor vehicle record a driver may be excluded due to an excessive number of moving violations and/or the nature of the violation, such as "reckless driving", or "driving under the influence".
- B.** The use of this endorsement will be with the full knowledge and consent of the policyholder. Signatures must be obtained in the appropriate section of the form.
- C.** Use Form: **CL CA 01 14**, Driver Exclusion.

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**AMENDMENT -- TRANSFER OF RIGHTS OF RECOVERY**

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The company's right of subrogation against designated persons or organizations may be waived under certain circumstances, prior to a loss, by attaching Amendment - Transfer Of Rights Of Recovery Endorsement, **GR CA 59**. Charge a flat premium of **\$50** for each waiver.

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**SEASONAL AGRICULTURAL VEHICLE "LAY UP" CREDIT**

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A factor of 0.50 is multiplied to the liability premium to calculate the "lay up" credit of any vehicle which the following criteria apply:

- a.** Vehicle must qualify for secondary class code of 69.
- b.** Vehicle is used to transport agricultural commodities such as crops and cattle.
- c.** Vehicle is operated for insured's benefit only and is not for hire or contract hauling.
- d.** Vehicle is operated no more than sixty (60) days per year.
- e.** Vehicle size must be medium or heavy class. Extra heavy vehicles do not qualify. Private passenger and pickup vehicles do not qualify for seasonal credit.
- f.** Vehicle operating radius is limited to one hundred (100) miles in the same state where the vehicle is garaged.

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**ADDITIONAL INSURED ENDORSEMENT -- US CA 01**

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Policies may be endorsed to cover designated organizations as additional insureds. Coverage is limited to the vicarious liability of the additional insured from the operation of vehicles owned by the Named Insured and operated on behalf of the Named Insured. This endorsement does not apply to any operations for other than the Named Insured.

Use form **US CA 01**.

More than one additional insured can be included on this endorsement.  
Loss Cost is **\$17.50** Flat Charge per additional insured.

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**DECLARATIONS EXTENSION ENDORSEMENT**

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To complete and/or clarify the policy with regard to the following items at inception or renewal:

- a. Insured's Name
- b. Insured's Mailing Address
- c. Covered Property/Location
- d. Classification/Class Code
- e. Limits/Exposures
- f. Premium Determination
- g. Fill-In Areas of Variable Text Endorsements.
- h. Additional Interested Parties/Loss Payees
- i. Rates
- j. Deductibles
- k. Insured's Legal Status/Business of Insured; or
- l. Forms Applicable

Use Declaration Extension Endorsement **CL IL 00 06**.

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**EXPERIENCE and SCHEDULE RATING PLANS**

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Auto Liability and Auto Physical Damage - Use the Company Experience & Schedule Rating Plan - Commercial Auto.

The Plan is a separate document.

|                          |                                            |                        |                       |
|--------------------------|--------------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number:   | UNON-125369724                             | State:                 | Arkansas              |
| First Filing Company:    | Continental Western Insurance Company, ... | State Tracking Number: | #10030774 \$50        |
| Company Tracking Number: | 08-CA-FM-3                                 |                        |                       |
| TOI:                     | 20.0 Commercial Auto                       | Sub-TOI:               | 20.0001 Business Auto |
| Product Name:            | 2008 CA Form Filings                       |                        |                       |
| Project Name/Number:     | 01-08 CA Trucking Form Filings/            |                        |                       |

## Supporting Document Schedules

|                         |                                                  |                       |          |            |
|-------------------------|--------------------------------------------------|-----------------------|----------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-Property & Casualty | <b>Review Status:</b> | Approved | 11/30/2007 |
|-------------------------|--------------------------------------------------|-----------------------|----------|------------|

### Comments:

### Attachment:

01-08 CA FormRule Trans Doc.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/04)

|                                                 |                                         |
|-------------------------------------------------|-----------------------------------------|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> |
|                                                 | a. Date the filing is received:         |
|                                                 | b. Analyst:                             |
|                                                 | c. Disposition:                         |
|                                                 | d. Date of disposition of the filing:   |
|                                                 | e. Effective date of filing:            |
|                                                 | f. State Filing #:                      |
|                                                 | g. SERFF Filing #:                      |

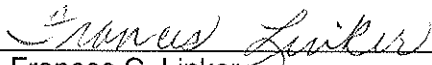
|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| W. R. Berkley Corp.  | 0098                |

| <b>4. Company Name(s)</b>             | <b>Domicile</b> | <b>NAIC #</b> | <b>FEIN #</b> |
|---------------------------------------|-----------------|---------------|---------------|
| Continental Western Insurance Company | IA              | 10804         | 42-0594770    |
| Union Insurance Company               | IA              | 25844         | 47-0547953    |
| Acadia Insurance Company              | ME              | 31325         | 01-0471706    |
|                                       |                 |               |               |
|                                       |                 |               |               |
|                                       |                 |               |               |

|                                   |           |
|-----------------------------------|-----------|
| <b>5. Company Tracking Number</b> | 08CA-FM-3 |
|-----------------------------------|-----------|

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| <b>6. Name and address</b>                 | <b>Title</b>       | <b>Telephone #s</b>        | <b>FAX #</b> | <b>e-mail</b>    |
|--------------------------------------------|--------------------|----------------------------|--------------|------------------|
| Frances C. Linker<br>Irving, TX 75015-2180 | Compliance Analyst | 800-444-0049,<br>ext. 2465 | 972-719-2301 | flinker@usic.com |
|                                            |                    |                            |              |                  |

|                                                 |                                                                                      |
|-------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>7. Signature of authorized filer</b>         |  |
| <b>8. Please print name of authorized filer</b> | Frances C. Linker                                                                    |

## Filing information (see General Instructions for descriptions of these fields)

|                                                                                           |                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9. Type of Insurance (TOI)</b>                                                         | 19.2-21.4                                                                                                                                                                                                                                                                                                |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>                                                | 19.2000 and 21.20000                                                                                                                                                                                                                                                                                     |
| <b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b> |                                                                                                                                                                                                                                                                                                          |
| <b>12. Company Program Title (Marketing title)</b>                                        | Commercial Automobile                                                                                                                                                                                                                                                                                    |
| <b>13. Filing Type</b>                                                                    | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>                                                    | New: 01/01/2008      Renewal: : 01/01/2008                                                                                                                                                                                                                                                               |
| <b>15. Reference Filing?</b>                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                      |
| <b>16. Reference Organization (if applicable)</b>                                         |                                                                                                                                                                                                                                                                                                          |
| <b>17. Reference Organization # &amp; Title</b>                                           |                                                                                                                                                                                                                                                                                                          |
| <b>18. Company's Date of Filing</b>                                                       | 11/29/2007                                                                                                                                                                                                                                                                                               |
| <b>19. Status of filing in domicile</b>                                                   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved                                                                                                                                                             |



**Property & Casualty Transmittal Document—**

|            |                                                              |                   |
|------------|--------------------------------------------------------------|-------------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>08-CA-FM-3</b> |
|------------|--------------------------------------------------------------|-------------------|

|            |                                                                                                             |
|------------|-------------------------------------------------------------------------------------------------------------|
| <b>21.</b> | <b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text] |
|------------|-------------------------------------------------------------------------------------------------------------|

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsements for all policies effective January 1, 2008 for new and renewal business.

**CL CA 20 15 05 07    Transportation Extension**  
**CL CA 99 02 05 07    Monthly Reporting Basis Endorsement**  
**CL CA 99 03 05 07    Monthly Report For Liability**  
**CL CA 99 04 05 07    Monthly Report of Physical Damage**

Transportation Extension (CL CA 20 15) will be a mandatory form that will be attached to all of our Transportation business. The form defines a new Symbol 73 for using the values of the "autos" on a reporting basis for Physical Damage coverage. In addition, the form clarifies that Towing coverage that is a direct result of a covered cause of "loss" is defined as the "towing cost" to the nearest repair facility capable of making the necessary repairs, unless we agree in advance to two to another repair facility. Finally, it states that a new vehicle must be reported to the company by the 15<sup>th</sup> of the following month (revised from 30 days after purchase), in order to have coverage.

Monthly Reporting Basis Endorsement (CL CA 99 02) will be used to show the policy premium and act as a supplemental declarations page when the policy rating is based on monthly reporting.

Monthly Report For Liability (CL CA 99 03) will be used by the Insured to report their monthly exposure for liability and their prior months premium total, subject to audit.

Monthly Report of Physical Damage (CL CA 99 04) will be used by the insured to report their monthly exposure, addition/deletion of autos for Physical Damage and their prior months premium total, subject to audit.

A copy of our revised company rules is attached.

|            |                                                                                                                                                                                     |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>22.</b> | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Check #:** will be mailed shortly

**Amount: \$50.00**

(\$50.00 per filing)

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing.)

|           |                                                              |                   |
|-----------|--------------------------------------------------------------|-------------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | <b>08-CA-FM-3</b> |
|-----------|--------------------------------------------------------------|-------------------|

|           |                                                                                                                           |                   |
|-----------|---------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>08-CA-FM-3</b> |
|-----------|---------------------------------------------------------------------------------------------------------------------------|-------------------|

| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b> | <b>Form #<br/>Include edition<br/>date</b> | <b>Replacement<br/>Or<br/>withdrawn?</b>                                                                                  | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
|-----------|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| 01        | Transportation Extension                   | CL CA 20 15<br>05 07                       | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |                                                        |                                                                   |
| 02        | Monthly Reporting Basis<br>Endorsement     | CL CA 99 02<br>05 07                       | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |                                                        |                                                                   |
| 03        | Monthly Report for<br>Liability            | CL CA 99 03<br>05 07                       | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |                                                        |                                                                   |
| 04        | Monthly Report of<br>Physical Damage       | CL CA 99 04<br>05 07                       | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |                                                        |                                                                   |
| 05        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |
| 06        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |
| 07        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |
| 08        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |
| 09        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |
| 10        |                                            |                                            | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                        |                                                                   |

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

|                                                                                                                                     |                                                                                                                 |                                           |                                                                                                                           |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1.                                                                                                                                  | <b>This filing transmittal is part of Company Tracking #</b>                                                    |                                           | <b>08-CA-FM-3</b>                                                                                                         |                                                           |
| 2.                                                                                                                                  | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |                                           | <b>08-CA-FM-3</b>                                                                                                         |                                                           |
| <input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%) |                                                                                                                 |                                           |                                                                                                                           |                                                           |
| 3.                                                                                                                                  | <b>Overall percentage rate impact for this filing</b>                                                           |                                           |                                                                                                                           |                                                           |
| 4.                                                                                                                                  | <b>Effect of Rate Filing – Written premium change for this program</b>                                          |                                           |                                                                                                                           |                                                           |
| 5.                                                                                                                                  | <b>Effect of Rate Filing – Number of policyholders</b>                                                          |                                           |                                                                                                                           |                                                           |
| 6.                                                                                                                                  | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>                                          |                                           |                                                                                                                           |                                                           |
| 7.                                                                                                                                  | <b>Rate Change by Company</b>                                                                                   |                                           |                                                                                                                           |                                                           |
|                                                                                                                                     | <b>Company Name</b>                                                                                             | <b>Percentage Change for this program</b> | <b># of policyholders for this program</b>                                                                                | <b>Written premium for this program</b>                   |
|                                                                                                                                     |                                                                                                                 |                                           |                                                                                                                           |                                                           |
|                                                                                                                                     |                                                                                                                 |                                           |                                                                                                                           |                                                           |
|                                                                                                                                     |                                                                                                                 |                                           |                                                                                                                           |                                                           |
| 8.                                                                                                                                  | <b>Overall percentage of last rate revision</b>                                                                 |                                           |                                                                                                                           |                                                           |
| 9.                                                                                                                                  | <b>Effective Date of last rate revision</b>                                                                     |                                           |                                                                                                                           |                                                           |
| 10.                                                                                                                                 | <b>Filing Method of Last filing</b><br>(Prior Approval, File & Use, Flex Band, etc.)                            |                                           |                                                                                                                           |                                                           |
| 11.                                                                                                                                 | <b>Exhibit Name/Description /Synopsis</b>                                                                       | <b>Rule # or Page #</b>                   | <b>Replacement or withdrawn?</b>                                                                                          | <b>Previous state filing number, if required by state</b> |
| 01                                                                                                                                  | CWIC/UIC/AIC Rules Manual: Additional Company Rule: Transportation Extension                                    | Rule 12. Page 1                           | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input checked="" type="checkbox"/> Neither |                                                           |
| 02                                                                                                                                  |                                                                                                                 |                                           | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                           |
| 03                                                                                                                                  |                                                                                                                 |                                           | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                           |
| 04                                                                                                                                  |                                                                                                                 |                                           | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                           |
| 05                                                                                                                                  |                                                                                                                 |                                           | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither            |                                                           |

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFs-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)